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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 408.)

The Remedies.

An Uterine Compress and Tourniquet.—The application of strong pressure on the uterus by means of a tourniquet, recommended by Mr. Pretty and his son, the late Dr. Pretty, has not yet been extensively tried. There seems to exist a great deal of prejudice against its use. Very few obstetric writers appear to have given it a trial; some do not even mention it; others state that they *should* not think it was equal to the pressure of the hand; none, that I am aware of, say that they have tried it, and found it fail. Mr. Pretty says: "It is in cases of flooding after delivery that I have found the use of the tourniquet so highly satisfactory, and I strongly recommend its employment to all accouchenrs. I believe that the tourniquet will not only arrest the violent and large discharges of blood from the uterus, but will likewise prevent that slow draining away of it which, without producing syncope, is oftentimes the cause of great exhaustion and a long convalescence. It will likewise relieve the practitioner of much bodily exertion, and materially abridge the period of watchfulness; for, feeling assured that his patient is safe, all painful anxiety is removed from his mind." In using the tourniquet, a pad consisting of a book, wrapped in a napkin, or Dr. Pretty's uterine compress, must be placed under it, so as to equalise the pressure. Dr. Pretty has invented a very nice uterine compressor. It is so made, that pressure can be maintained both above the fundus and at the sides of the uterus. It is fully described in his very practical work 'On Aids to Labour.' The uterine compress and belt, with tourniquet attached, may be obtained from Coxeter, of Gower street.

Irritation of the Breast.—Dr. Rigby considered that the application of the child to the breast was a valuable means, not only of preventing, but also of arresting hæmorrhage after labour. I stated, in the fourteenth precaution, the objections to this plan of exciting sympathy between the uterus and breast as a preventive means, and they would apply with still greater force to it as a remedial agent. A woman who is flooding must not be allowed to move, and it is impossible to apply the child to the breast without the patient exerting herself, especially if there is difficulty encountered in making the child suck. If this plan succeeded pretty often, it would, perhaps, be justifiable to allow the patient to make the necessary exertion, and thereby increase the flooding for a time; unfortunately, it very often fails from the child refusing to suckle, in which case valuable time will have been lost and the patient's condition aggravated.

Compression of the breast or imitation of the act of suckling with the fingers, as described in the fourteenth precaution, is much safer, and much more likely to succeed than the application of the child to the breast. It not only does not disturb the patient, but the nurse can undertake its management, while we are doing our best to stop the flooding by local remedies to the uterus. If it does no good, it can do no harm.

Oil of Turpentine.—This medicine has been extolled as an excellent stimulating hæmostatic in post-partum hæmorrhage. I have not had any experience of its utility. I have been told that Mr. Swayne, in his work "On Obstetric Aphorisms," recommends half an ounce of it to be given in an equal proportion of milk, a quarter of an hour after a dose of ergot.

In some cases of flooding after delivery, where an important part of the treatment is to empty the lower bowel, oil of turpentine will prove useful in conjunction with other ingredients injected per rectum. The following makes a very good *cold enema*, and one that can be made on the spot:—Place in a medicine bottle an ounce of cold water, and on the top of the water half an ounce of castor-oil, and on the top of the castor-oil the yolk of an egg slightly beaten up. Then shake up the bottle until the ingredients are thoroughly incorporated. Lastly, add half an ounce of oil of turpentine, and again shake up the bottle well. The mixture may then be poured into a pint of cold water, stirred up, and used.

Galvanism.—There are a few cases of flooding on record which have been treated successfully by means of galvanism. A serious objection to it is, that the apparatus is not generally at hand. I should say that the rotatory galvanic machine would answer extremely well. The position of the handles may be made to vary: one may be made to touch the sacrum, and the other placed over the region of the uterus; or they may be placed one at each side of the uterus; or one at the fundus, and the other at the pubis, or in the vagina.

While we are on the subject of galvanism, I may throw out the suggestion, that galvanism of the breast might prove beneficial. I should not be at all surprised to find that it had the effect of exciting strong sympathy between the uterus and breast.

We have now briefly considered all the various means which have been found serviceable in arresting the flooding after labour. When I say all, I mean all those that will prove sufficient for the vast majority of cases. I shall postpone mentioning two or three other means of arresting hæmorrhage until I come to speak of the rare causes for the removal of which they are necessary.

Having studied what the remedies are, the next question to consider is in what order should we apply them? This question is a very natural one. The remedies are numerous and we cannot use them all at the same time. If we look for the answer in obstetric works we find, what I have already hinted at in a preceding communication, that the remedies are to be applied in a routine manner. The only order we are recommended to follow is to use the mild means first, and if they should not succeed, then to try more severe measures. The most hazardous means—an instance of which is the introduction of the hand—are only to be used when all other means have failed. This routine method of applying the remedies generally proves successful—*i.e.*, it generally succeeds, sooner or later, in arresting the hæmorrhage and in saving the patient's life, but it fails very often in stopping the loss of blood *quickly*. In the treatment of flooding, we should study the future as well as the present condition of the patient. It is a poor satisfaction to succeed in stopping the hæmorrhage by the time the patient has nearly lost every drop of blood in her body, and when it will take her months or years to recover from its effects. I do not mean to say that, in some cases, any other mode of applying the means would succeed any better than the routine method, because, in instances of obstinate inertia of the uterus, use the remedies in whatever order you like, you will have the greatest difficulty in stopping the hæmorrhage, and sometimes you will succeed only just in time to save the life of the patient. Inertia of the uterus, however, is by no means the only cause of post-partum hæmorrhage; there are numerous other causes of an entirely different nature. Some of these act by inducing imperfect contraction of the uterus; there may be no inertia; remove the cause, and the uterus will contract firmly. In these cases, remedy after remedy will fail until we try the right one; whereas, by using the correct means at first, the hæmorrhage will often be stopped there and then. Occasionally the remedy which ought to be applied early is that which we are recommended not to use until other means have failed. We are so advised on account of some of the remedies being more hazardous than the others; but if one of them should

be *the proper* one for the case, would it not be less dangerous to use it when the woman is not much exhausted, than to leave it to the last, and apply it when she is in a precarious state from loss of blood? To recapitulate the objections to the routine plan of treating flooding after labour—1. It very often fails in arresting the hæmorrhage quickly, and therefore endangers the patient's life by a needless loss of blood. 2. It does not sanction the use of severe measures until milder means have been first tried; whereas, in some cases, the former are the only kind which will stop the flooding, and in those instances, to delay their employment until the woman falls into a dangerous state from loss of blood will be to render their application still more hazardous.

The method of treating post-partum hæmorrhage that I have found to be the most satisfactory is first to find out the cause of the flooding, and then to apply the remedies which tend to remove it. In some instances, the hæmorrhage is only due to one cause, and the application of one remedy may suffice to stop the discharge at once; in others it is kept up by two causes, or even three. Take, for example, five imaginary cases—one may be due to inertia; the second, to distension of the cavity of the uterus by clots; the third, to distension of the bladder; the fourth may result from two causes, inertia and clots; the fifth from three, inertia, clots, and distension of the bladder. The greater the number of causes present in one case, of course the larger number of remedies are required to remove them, and the more difficult is it to manage. The advantage of treating flooding after labour by the application of means which remove the cause is, that it prevents the loss of more blood than can be avoided; sometimes the most violent hæmorrhage may be at once stopped by applying the remedy suitable to the case. Not only will it lessen the loss of blood, but it will lessen the mortality. I feel convinced that many of the fatal cases on record have been erroneously attributed to inertia, when some other cause was present, and remained undiscovered. I mentioned, in an early communication, four fatal instances within my own knowledge which, in all probability, by proper treatment, might have been saved. The post-mortem examination of the bodies revealed in two of them the placenta adherent to the uterus; and in the other two, the uterus full of clots. The proper remedy for their removal had not been applied.

The finding out of the cause of the hæmorrhage infers the necessity of making a diagnosis, and some might object to it on the ground that, while we are looking for the cause the woman might die from loss of blood. My answer to this objection is, that the common causes of post-partum hæmorrhage are not at all difficult to diagnose, and after a little experience may be found out in a moment; and if there should be any difficulty in ascertaining the cause of the hæmorrhage, no time need be lost: simple remedies, such as pressure, or pressure and cold combined, may be applied at the same time that we are making out the diagnosis.

In my next paper I shall consider the causes, their diagnosis, and treatment of hæmorrhage which occurs after the birth of the child, but before the delivery of the placenta. I shall give the symptoms and treatment of all the causes separately; where there are two and three causes present in the same case, the treatment proper for each must be undertaken.

Appointments.—Jasper Cargill, M.D., to be Surgeon of the Company of Rifle Volunteers, to be formed in the Parish of St. Thomas in the Vale, Jamaica, West Indies; Robert Hamilton, M.D. Camb., to be a member of the Executive Committee of the Island of Jamaica, West Indies; Alexander Harvey, M.D. Edin., has been appointed one of the Lecturers on Clinical Medicine at the Royal Infirmary, Aberdeen; Luther Holden, F.R.C.S. Eng., has been elected Surgeon to the Foundling Hospital; Hugh Worthington Statham, M.R.C.S. Eng., has been elected Apothecary to the Foundling Hospital.

SCIENTIFIC ARTICLES.

DIGITALINE.

As digitaline is the order of the day, in consequence of the use made of it by La Pommerais, we may notice a communication made by M. Jules Lefort to the Academy of Medicine in Paris upon the detection of this substance. He says:—1. That there are employed medicinally in France two kinds of digitaline, possessed of very different chemical and physical properties, the German or soluble and the French or insoluble. 2. Soluble digitaline becomes more slowly and less deeply coloured green by the agency of hydrochloric acid than the insoluble. 3. Hydrochloric gas colours insoluble digitaline of a deep green, and the soluble of a deep brown. 4. It also develops with the insoluble digitaline the special odour of powder or tincture of digitalis, but this character is less appreciable in the soluble. 5. Under the microscope soluble digitaline exhibits the vestiges of crystals of an indeterminate form, while the insoluble shows an opaque magma of a granular aspect, representing a mixture of two substances at least. 6. Solnble digitaline seems to be a better defined and purer product than the insoluble. 7. The principle which becomes coloured green by the agency of hydrochloric acid appears to be independent of the digitaline itself, whether soluble or insoluble. It is, without doubt, volatile, and the same which gives the digitalis its special odour. 8. These two varieties of digitaline dissolved in water and alcohol traverse collodial membranes, and may be separated by dialysis from the matters which contain them, whether naturally or accidentally. 9. The bitterness of soluble and insoluble digitaline, their colouration by hydrochloric acid, and the odour of digitalis which they give out under the action of hydrochloric gas are characters which enable us to affirm their presence in matters which only contain them in small quantities. M. Grandeau also, in a recent communication to the Academy of Sciences, gives an account of the experiments which he has made with Mr. Graham's mode of analysing by dialysis, and states that, aided by this, even the minutest portions of morphine, bromine, or digitaline cannot in future escape the researches of the toxicologist.—'Medical Times and Gazette.'

HOSPITAL REPORTS.

KING'S COLLEGE.

Varicose Veins and Ulcer, under the care of Mr. Henry Smith.

Wm. C., æt. fifty-seven, married, was admitted on Jan. 13th, 1864: states that he has had almost all his life the veins of the right leg and thigh in a varicose condition, but that they never gave him any trouble, the only ill consequence being an ulcer, such as is termed the varicose ulcer, on the inside of the lower third of the leg. This has frequently broken out and healed up several times. At present there is a large ulcer, two inches one way and about an inch and a half the other. The veins of the thigh are congested and enormously swollen, being as large as a man's finger; the internal saphena and its branches are thus affected.

Jan. 20th.—The patient being under chloroform, Mr. Smith put in six needles beneath the veins; four in the thigh and two in the leg.

Feb. 1st.—From the day of operation the ulcer began to heal rapidly, and is now entirely healed. The blood in the veins has begun to coagulate, enough to warrant the withdrawal of the needles, which was accordingly done by Mr. Smith.

Feb. 3rd.—The patient is to-day discharged, cured.

Case of Epulis of the Lower Jaw.

A. L., æt. thirty, a labourer, and unmarried, was, on Dec. 18, 1863, admitted under the care of Mr. Smith: states that he has been always a healthy man and temperate in his mode of life; that he has been subject to nocturnal emissions, but never contracted either gonorrhœa or syphilis.

There is a morbid growth, about the size of a large almond, situated on the inside of the lower jaw, and corresponding to the sockets of the three teeth immediately on the left of the mesial line. This growth was first noticed about four months ago, and since that time it has increased very rapidly, especially within the last two months. There is, besides, a small pimple on the mucous membrane of the right upper jaw, just corresponding to the last molar tooth, and on the inner side of the alveolar ridge. This has been noticed only for three or four weeks, and neither increases nor diminishes in size.

His family have been all healthy. He was taken into the theatre, and Mr. Smith removed the growth, having first extracted the three teeth above mentioned. The portion of jaw on which the epulis was situated was likewise removed.

Dec. 22nd.—Discharged, cured.

Epulis is of a benign or of a malignant character, according to its composition—the benign being formed of fibrous tissue; the malignant, of fibro-plastic material. Sometimes these tumours are of a distinctly cancerous nature, and are then truly malignant.

This tumour is most commonly situated on the lower jaw, and is a rare affection of the superior maxillary bone. It takes its origin from the bone of the jaw (upper or lower), or from the periosteal covering, at the same time that it involves the bone; and usually has for its exact site the margin of the alveolus. Springing up between two teeth, it gradually pushes them aside, loosens them, and, continuing to extend itself, it forces them from the gum and from their sockets in the bone. Two or more teeth may be in this manner implicated. It is not always, however, attached to the maxillary *bone;* for, in some instances, it springs from the internal or external surface of the gum, having no deeper connexions, and forming a tumour, at first more or less prominent, but which, with an increase of development, becomes polypus-like.

The simple epulis seems to be nothing more than an hypertrophied condition of the gum; it is at first smooth on its surface, though the entire tumour may be subdivided into a number of lobules. It is of the same red colour as the gum, from which it takes its origin. As it enlarges, it grows, from being a semi-elastic tumour, to be one of a soft nature. This change is dependent upon a softening of the structure which composes the tumour and the degeneration of the structure itself into purulent or sanio-purulent matter.

The growth of such benign tumours is slow, essentially indolent, and not attended with any pain, unless it be that, occasioned by the dislodging of the teeth from their respective situations. When ulceration supervenes, the discharge may become very offensive, and be thus a continual source of annoyance to the patient, or even of deterioration to the health from the fetor attendant, rather than from any exhaustive influence exerted by the amount of discharge which takes place.

Some forms of epulis may be looked upon as a kind of enchondromata occurring upon the gums, and are analogous to the enchondromatous enlargements of the fingers. Malignant epulis may be composed of fibro-plastic tissue, or of true cancerous material, having connection with the alveolar processes. It is a rare affection; but when it does exist it is rapid in its growth, speedily returns after removal, is soft, of a purplish rather than a red colour, very vascular, and possessed of a great tendency to bleed.

The simple is, perhaps, as common in the one sex as in the other; occurs, but infrequently, in children; is most frequent at the adult age, though it may originate only at a late period of life.

The malignant is most generally found in males and in the periods of advanced age.

The cause is, any source of continuous irritation—as, for instance, the stump of a broken tooth remaining in its socket and acting as an irritant, or the bone of the jaw being splintered and having the same irritant action.

Treatment.—The object of treatment should be to remove the tumour in its entirety, and, leaving no part of it behind, to hinder any probability of its return. In order fully to secure this object, the tumour alone should not be the only portion removed, but the entire of that part of the bone whence the tumour originated. It is not necessary to cut out the entire thickness of the bone, but merely to take away that surface to which the epulis is attached.

The steps of the operation are these:—The teeth—the molars are the most generally implicated—on either side of the tumour are extracted; the alveolar ridge must be sawn through to a depth sufficient to include the base of the growth, but not so far outwards on each side as to open into the sockets of the unaffected teeth. The size of the portion of jaw to be removed must be in proportion to the size of the tumour, but care must in all cases be taken to preserve the base of the jaw. The straight-backed saw is, perhaps, the best instrument we could employ, as we need not have the blade too deep. The epulis and that portion of bone whence it springs being included in the lines of our incision, the cutting pliers is applied for the removal of the tumour and the implicated bone. The gap is filled with lint; the hæmorrhage is thus checked. The lint, acting as a compress, is retained in its position by a bandage, which binds the jaws together. Sometimes it is found necessary to apply the actual cautery to the dental artery before bleeding can be arrested.

The operation is not attended with any peculiar danger. The wound in the bone heals by the granulating process, and the gap becomes filled in with fibrous tissue.

The treatment of malignant epulis is the same as for the simple form of disease; the only danger to be apprehended is from the severe hæmorrhage, which very often occurs subsequent to the operation.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Report from the Select Committee on Poor Relief, with Proceedings of the Committee, and an Appendix.

(Continued from page 430.)

"The amount of money expended for the medical relief of the poor, either as direct remuneration to the medical officers themselves, or for purposes which either immediately diminished their duties, or afforded increased facilities for performing them, has been a constantly increasing charge. In 1838 the expenditure was 136,775*l.* It continued to increase year by year until 1848, when it reached the sum of 197,954*l.*, and in 1861 it had attained the amount of 238,233*l.* In 1840 a new class of payments, that of vaccination fees, first arose. These fees range up to 40,000*l.*, and even 50,000*l.* a year, and a large portion of them are paid to the union medical officers. Irrespectively of the fixed annual salaries, other payments are made to the medical officers. In 1842 additional payments, namely, fees for surgical and other services, were first directed to be made to the medical officers. In 1847 those fees were increased in number, and they now approach 40,000*l.* a year. Lately a new class of payments has sprung up, namely, fees for visiting lunatics. Those fees already amount to a considerable sum. Further remuneration is made to the medical officers by special gratuities for extraordinary services rendered during outbreaks of fever, &c., or in consideration of lengthened attendance upon particular cases of accident, or upon protracted illness. Generally it should be borne in mind that whilst other charges for relief have fluctuated and diminished in amount, the cost of medical relief has steadily and largely increased from 1834 to the present time. The increase in 1851, as compared with 1841, was 36 per cent. The increase in 1861, as compared with 1851, was 13 per cent.; whereas the number of unions has not been added to in anything like a corresponding degree. It was stated to your Committee that more than one-third of the total amount of the salaries of the union officers is paid exclusively to the medical officers in England and Wales.

"Notwithstanding these changes, in themselves so favourable to the medical officers as a body, those officers, in so far as their views were represented by Mr. Griffin, the Chairman of the Poor-law Medical Relief Association, in the statement put in by him, advocated changes in the

system of medical relief of a most extensive character. The principal proposals are the following: The right to medical relief, but in some cases by way of loan, of all persons applying for such relief and declaring themselves destitute of the means for obtaining it. The right of the medical officer to convert persons so attended by him into his private patients if their income should exceed 20s. a week. The right of the medical officer to give imperative orders for the supply of any articles of food and any kinds of stimulants that he may consider necessary for his patients. The establishment of stores and stations for the deposit and supply of such articles upon the unrestricted orders of the medical officer. The introduction of a new and complicated system of remuneration, and the payment of various additional fees to the medical officers. A provision for the superannuation of the medical officers, and their exemption from turnpike tolls when visiting pauper patients, from the assessed taxes on one horse, carriage, and man-servant, and from excise duty on the spirits of wine used in the medicines of the sick poor. The compulsory establishment of dispensaries, and the apointment of a 'Medical Secretary,' which secretary should adjudicate upon all matters relating to the medical relief of the poor, subject to the confirmation of the Poor-law Board. In support of his statements and recommendations, Mr. Griffin handed in several voluminous tables, which were fully analysed and commented upon by Mr. Cane in the evidence afterwards given by him.

"It is evident to your Committee that many of the changes advocated by Mr. Griffin, and the distribution of food, wine, and other articles of nutriment at the unchecked discretion of the medical officers, would unquestionably increase the expenditure for the relief of the sick, and diminish to a serious extent the control and responsibility of the Guardians.

"Your Committee do not find that, under the existing system, any practical difficulty is experienced in securing the services of competent medical practitioners as union officers; and looking to the large number of medical officers that are now employed to attend the sick poor, the progressive diminution in extent of districts inconveniently large, the care that has been taken to ensure the engagement only of properly qualified medical men, their augmented remuneration, and their improved *status*, arising from their tenure of office, and from other causes, your Committee believe that the system under which medical relief is administered has been greatly improved, and that the poor were never so promptly attended to, or so effectually relieved during sickness, as they are at the present time.

"Your Committee, however, think the suggestion made by some of the witnesses, that the Guardians should provide cod-liver oil and other expensive medicines, is one of considerable importance. Dr. Rogers, one of the medical officers of the Strand Union, recommends that the guardians should find all the medicines; but his reasons apply with greater force to the more expensive drugs. He says, 'If the Guardians find the medicines, nothing would interfere to prevent the poor having administered to them the best and most appropriate remedies; on the contrary, when the medical officer does so, the temptation is put in his way of using cheap drugs, especially where the salary is small and the duties large; again, it would remove the suspicion sometimes entertained that the medical officer would abuse his power by ordering wines and other *stimuli* found by the Guardians in lieu of expensive drugs found by himself.' Mr Griffin suggested that the following articles should be omitted from the medical contracts: leeches, cod-liver oil, cotton wool, ingredients for poultices, quinine, and sarsaparilla. He says, 'Cod-liver oil is often necessary to use in cases of consumption for many months at a time; but its expense is a bar to its general use by the medical officer.' Dr. Robert Fowler, district medical officer of the East London Union, was of opinion that it would be to the interest of the poor and the ratepayers that Guardians generally should supply cod-liver oil at the cost of the union.

"Your Committee find that in some unions the Guardians, with the concurrence of the Poor-law Board, provide such medicines as cod-liver oil and quinine.

"78. In 1854, about half the entire number of medical officers only held their appointments permanently. At the present time the proportion of the permanently appointed officers to those who are subject to periodical election is 2,841 to 711.

"81. The views of this witness (Mr. Griffin) were to a certain extent supported by the 'Executive Council of the British Medical Association,' and by some of the metropolitan medical officers.

"82. The changes, however, which were thus advocated would unquestionably increase the expenditure for the relief of the sick, diminish to a serious extent the control and responsibility of the Guardians, whilst the distribution of food, wine, and other articles of nutriment, at the unchecked discretion of the medical officer, would necessarily tend to demoralize its recipients, the poor. At the same time your Committee think that the suggestion made by some of the witnesses, that the Guardians should provide, at their own cost, cod-liver oil and other expensive medicines, is one of considerable importance.

"With such facts in evidence, the Committee have adopted the following resolution, viz.:

"That there are no sufficient grounds for materially interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by Select Committees of this House in the years 1844 and 1854.

"The recommendations of those Committees were for the most part carried out by the orders of the Poor-law Board, and the system of medical relief appears to be administered with general advantage. Your Committee, however, recommend, that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board."

PROCEEDINGS OF THE COMMITTEE.

8TH MARCH, 1864.

MEDICAL RELIEF.

Motion made, and Question proposed,—"3. That there are no sufficient grounds for interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by Select Committees of this House in the years 1844 and 1854.

"Many of the recommendations of those Committees were subsequently carried out by the orders of the Poor-law Board, and your Committee are unable to suggest any further alterations in the system of medical relief which appears to be administered with general advantage."—The Committee deliberated; whereupon Motion made, and Question, "That the further consideration of this proposed Resolution be *adjourned*,"—put and agreed to.

11TH MARCH, 1864.

Motion made and Question put,—"Your Committee, upon consulting the Report made by the Select Committee of 1854 on medical relief, find that it was recommended that poor persons should be enabled to receive medical relief as their cases may require, without being placed on the list of paupers, but that it should be left to the Boards of Guardians to decide in what cases medical relief shall be so given to persons who are not otherwise in want of or in receipt of parochial relief; and they suggest that this recommendation should be carried out."—(*Sir William Miles.*)—The Committee divided:—*Ayes* 5, *Noes* 8.

Question again proposed,—"3. That there are no sufficient grounds for interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by Select Committees of this House in the years 1844 and 1854. The recommendations of those Committees were subsequently carried out by the orders of the Poor-law Board, and your Committee are unable to suggest any further alterations in the system of medical relief, which appears to be administered with general advantage."—Several amendments made.—Main Question, as amended, put, and *agreed to*,—*Resolved*, "That there

are no sufficient grounds for materially interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by Select Committees of this House in the years 1844 and 1854. The recommendations of those Committees were for the most part carried out by the orders of the Poor-law Board, and the system of medical relief appears to be administered with general advantage. Your Committee, however, recommend that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the Orders and Regulations of the Poor-law Board."

CONTINUANCE IN OFFICE OF PAID OFFICERS.

The Guardians already possess the power of dismissing the inferior officers in their service; and your Committee do not think it expedient to suggest that such power should be extended to the superior officers, whose duties are prescribed by the general consolidated order. It appears to your Committee that if the tenure of the office of the latter class of officers was altogether uncontrolled by the central authority, they would not only perform their duties less independently, but would be subject to removal from personal bias, political causes, and various other motives which ought not to be allowed to operate in deciding upon their fitness or unfitness to retain office. Your Committee have, therefore, arrived at the following resolution, viz.:

"That in order to secure the due discharge of their duties by the principal officers of unions and parishes, it is in the opinion of your Committee essential that their tenure of office should not be terminable without the concurrence of the central authority; and it is not expedient, therefore, that the power which the Guardians already possess of dismissing the subordinate officers should be further extended."

UNIONS AND PARISHES UNDER GILBERT'S ACT AND LOCAL ACTS.

That it is necessary to the uniform action of the Poor-law, that the central authority should have the same powers in unions and parishes now acting under local statutes, or under the Gilbert Act, as in unions or parishes constituted under the Poor-law Amendment Act.

SUPERANNUATION OF PAID OFFICERS.

That it was shown to your Committee that inconvenience resulted from the continuance in office of persons who, by reason of infirmity of body or mind, had become incapable of efficiently discharging their duties, but whose removal had been postponed from personal considerations; and your Committee, therefore, recommend that a power should be conferred upon Boards of Guardians to provide at their discretion for the superannuation of certain union officers, the exercise of such power to be subject to the control of the central authority.

Copy of a Bill ordered by the House of Commons to be printed, 8th June, 1864.

A BILL TO PROVIDE FOR SUPERANNUATION ALLOWANCES TO OFFICERS OF UNIONS AND PARISHES.

Whereas it is expedient that provision should be made to enable superannuation allowances to be granted to officers of unions and parishes who become disabled by infirmity or age to discharge the duties of their offices: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. That the Guardians of any union or parish may, at their discretion, with the consent of the Poor-law Board, grant to any officer in their service who shall become incapable of discharging the duties of his office with efficiency, by reason of permanent infirmity of mind or body, or of old age, upon his resigning or otherwise ceasing to hold his office, an annual allowance not exceeding in any case *two-thirds* of his then salary, whether computed according to a fixed sum or to a poundage, and shall charge such allowance to the same fund as that to which such salary would have been charged if he had continued in his office.

2 This allowance shall be payable to or in trust for such officer only, and shall not be assignable nor chargeable with his debts or other liabilities.

3. No officer shall be entitled to such allowance on the ground of age who shall not have completed the full age of sixty years, and shall not have served as an officer of some union or parish for twenty years at the least.

4. No grant shall be made without one month's previous notice, to be specially given in writing to every guardian of the union or parish of the proposal to make such grant, and the time when it shall be brought forward.

5. The words herein shall be interpreted in the manner prescribed by the statute of the fourth and fifth years of William the Fourth, Chapter Seventy-six, and the subsequent acts amending or explaining the same.

REVIEW OF BOOKS.

Lectures on Epilepsy, Pain, Paralysis, and certain other Disorders of the Nervous System, delivered at the Royal College of Physicians of London. By Charles Bland Radcliffe, M.D., F.R.C.P., Physician to the Westminster Hospital, &c. Pp. 340. London: Churchill and Sons. 1864.

More than twelve years ago, Dr. Radcliffe published a work in which he proposed a new and startling theory of vital action, and on several subsequent occasions he has worked in the same direction with more or less success. It must be stated that the views at first put forward by Dr. Radcliffe, however true they might have been, were so obscurely expressed, that the critics of that day (ourselves among the number) were unable wholly to understand them; and the author now frankly admits that his reasoning was deficient in logical precision, and that his thoughts were then only struggling to give utterance to truths not yet sufficiently developed to admit of accurate expression. Since then he has matured his opinions by renewed reflexion and observation, has added some novelties, and has omitted some propositions as untenable; and comparing his own researches with those of others, especially M. Matteucci and M. Du Bois-Reymond, in animal electricity, he has arrived at the construction of a theory which, however contrary to existing opinions, is at least intelligible to educated minds, and is supported by many striking facts.

The present doctrine of muscular action, as is well known, is, that muscular contraction is the sign of vital excitement, and that excessive muscular contraction, whether voluntary or involuntary, indicates excessive vital excitement, and therefore, that the treatment required in order to subdue convulsion, or any disorder analogous to convulsion, is one that allays excessive vital excitement But Dr. Radcliffe maintains that the very reverse of this is the truth, and that muscular contraction is the sign of deficiency of vital excitement, and that excessive muscular contraction indicates excessive debility, and therefore that treatment must be regulated according to this view. With respect to pain, Dr. Radcliffe represents the current view to be that this condition denotes excessive vital excitement, and that the treatment, therefore, ought to be adapted to subdue this excitement; whereas, on the contrary, pain, like muscular contraction, ought to be regarded as due to diminished vital excitement, and ought, therefore, to be treated by stimulant remedies. We are not sure that Dr. Radcliffe, in this respect, represents correctly the views held by the present race of practitioners, who certainly admit in practice two very distinct kinds of pain, one connected with inflammation and another wholly unconnected with that state, and the latter of which, under the name of neuralgia, is always treated by tonics and stimulants, whatever may be the practice pursued in regard to the former.

However, in these lectures, Dr. Radcliffe endeavours, in the first place, to establish by experimental evidence, the truth of his propositions that convulsions, spasm, and pain,

are all due to diminished vital energy, and that paralysis, on the other hand, is due to exaltation of those properties. He relates and illustrates a great number of very ingenious experiments on animal electricity, devised and performed by Matteucci, Du Bois-Reymond, and himself, showing the effects produced on a delicate galvanometer by the alternating conditions of contraction and relaxation of muscular fibre; and the result seems to prove that during a state of inaction the fibre of living muscle or nerve presents signs of electrical action, while muscular fibre in a state of contraction gives rise to no electrical indication at all. Hence Dr. Radcliffe concludes, in opposition to the generally-received opinion, that the presence of the natural electricity of muscle may give rise to the state of muscular relaxation, while the absence of the same electricity may induce muscular contraction. He assumes theoretically that, during a state of inaction, the natural state of the living muscle and nerve is one in which the longitudinal and transverse surfaces of the fibres, like the inside and outside of a Leyden jar, are in a state of electrical antagonism or tension, and that after the electrical discharge, and the consequent loss of electricity, muscular contraction ensues. Therefore the natural electricity which is present in living muscle during the state of inaction is almost or altogether absent in a state of action.

Want of space prevents us from following Dr. Radcliffe throughout his experimental evidence derived from the natural electricity of muscle and nerve, and we regret that the same cause prevents us from detailing the pathological and therapeutical views which are subsequently proposed. It will be readily understood that, on the supposition as to the electrical conditions of muscular fibre just explained, Dr. Radcliffe believes that convulsion is due to a diminished rather than an exalted state of vital energy; and although at the height of the epileptic or epileptiform paroxysm the pulse is usually full, strong, and frequent, yet he explains that these phenomena occur because the arteries are labouring under a load of *black* blood, and not because these vessels are then receiving an increased supply of *red* blood. The dependence of convulsion, again, upon diminished vital energy seems to be proved by the convulsions which are observed in animals bled to death, and in the human subject after serious hæmorrhage. For the convulsions occurring in Bright's disease, an explanation has generally been sought in the presence of urea in the blood; but Dr. Radcliffe is inclined to believe that the pale and watery condition of that fluid may equally produce the muscular disturbance. Epilepsy, hysteria, chorea, and other forms of convulsive disease are more common in the female than in the male sex, and these affections are observed to prevail most in subjects in whom the will is deficient in power, and the imagination and the fancy are strong, and in whom, moreover, the vital powers are in a depressed condition. It is further observed that post-mortem examinations in such cases afford no evidence of inflammatory disease.

The treatment of the affections described is, of course, founded as far as possible upon the principles laid down in connexion with their nature and pathology; although it must be admitted that many of the remedies appear to be employed empirically. Supposing convulsions to be caused by deficient vital power, the obvious remedies for such attacks ought to be sought for in the class of tonics and stimulants, and nothing would be easier than the plan of treatment to be adopted; but experience has unfortunately proved that epilepsy and epileptiform seizures too often resist all kinds of treatment, whether rationally or empirically adopted. Dr. Radcliffe, in giving the results of his experience, appears to adopt some therapeutical measures on empirical grounds—as, for instance, the administration of the bromide of potassium, of which he speaks very highly, describing it indeed as an invaluable remedy; but the use of cod-liver oil, and other oily and fatty matters, and of phosphorus, he defends and justifies on the ground that nerve-tissue is essentially composed of these substances. The use of alcoholic stimulants in the treatment of convulsion is of course explained by Dr. Radcliffe's views, and he states that his experience has only confirmed him in the opinion as to the value of these agents in quieting the paroxysm or averting its accession. The efficacy of belladonna he doubts, but suggests, rather than strongly recommends, the trial of opium in the convulsive class of cases; he doubts the efficacy of zinc, and thinks that blood-letting may be permitted, in one form or another, in certain cases of convulsion. Pain is either caused by tenderness, associated with a congestive or inflammatory condition of the part affected, or it is neuralgic; and in the latter case it must be relieved by tonics and stimulants. On the subject of the therapeutics of paralysis Dr. Radcliffe's explanation is not very happy, and his remarks on this part of the subject are very brief.

Such are some of the prominent topics touched upon in Dr. Radcliffe's lectures, which want of space alone forbids us from examining in detail, and which fully deserve the careful attention of the Profession.

GENERAL CORRESPONDENCE.

ALLEGED BREACH OF PROFESSIONAL ETIQUETTE.

To the Editor of the Medical Circular.

SIR,—In the 'Lancet' of last week appears a letter from Mr. John Adams, in which, referring to my communication to the College of Surgeons, the writer characterises the statement it contains as "wholly untrue."

If you will do me the favour of perusing Mr. Adams's letter, you will, I think, observe that he admits that he was informed of the fact of Dr. Frederick Smith being in attendance, and that he, nevertheless, visited and examined the patient in that gentleman's absence, and without his knowledge.

I adhere to the correctness of the whole of the statement, and I undertake to prove the whole of it, and something more.

If the statement be untrue, I invite Mr. Adams to tell a jury so upon his oath, and I will afford him every facility for bringing it before such a tribunal forthwith.

Should he fail to accept this challenge, I must leave the matter to be dealt with by the Profession and the public.

I am, &c.,

J. JONES.

Gray's Inn,
30th June, 1864.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—Dr. Mackesy, of Waterford, has this day (July 3rd) called my attention to "The Bill to provide Superannuation Allowances to Officers of Unions and Parishes." He says, "This Bill, on its introduction by Mr. Villiers and Mr. Gibson, would have provided superannuation for the Medical Officers; but just prior to its passing the Commons and being sent to the House of Lords a passage was introduced limiting the superannuation to officers who devoted their whole time to the service of the union or parish. You must be the best judge as to the possibility of the Profession in England being enabled by any exertion to have the sentence expunged before it becomes law, or how far the Medical Officers in England consider themselves interested." Immediately on the receipt of this letter I wrote to Lord Shaftesbury, expressing a hope that he would interest himself on our behalf; and I now call upon my Medical brethren to use their influence with the members of the House of Lords. The Bill has already been read twice, and therefore no time should be lost. The Bill itself, I grant, would have been of value but to a very few officers; still, for their sakes, it is worth an effort to have it restored to its original state.

To Dr. Mackesy I tender my best thanks, which I am sure will be reciprocated by all my brethren on this side the Channel.

I am, &c.,

RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
3rd July, 1864.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

The number opens with Professor Fergusson's fourth lecture "On the Progress of Anatomy and Surgery during the present Century," and we have given an abstract of it elsewhere.——Mr. Baker Brown contributes part of a clinical lecture "On the Diseases of Women remediable by Operation," his present subject being "Uterine Hæmorrhage," or at least those forms of it which are independent of gestation or parturition—such as polypus of the womb, fibrous tumours, vascular growths, and ovarian irritation. The treatment of polypus recommended by Mr. Brown is by incision, together with the ligature, to avoid the risk of hæmorrhage. He does not think the *écraseur* suited to polypoid growths of the womb. In the case of fibrous growths in the womb, Mr. Brown first divides the mouth and neck of the uterus by the hysterotome, and then, when the cut surfaces have healed, gouges the tumour, so as to break the capsule.——Dr. Hyde Salter contributes a paper "On Tracheal Dysphagia," which often simulates œsophageal dysphagia, a much more serious affection. The latter generally arises from aneurism of the aorta and malignant or other organic stricture of the gullet; but tracheal dysphagia is entirely free from any such complication, and yields to judicious treatment. Dr. Salter relates several cases of tracheal dysphagia in which the symptoms were entirely relieved.——Dr. Henry Osborn contributes a short paper "On the Comparative Value of Sulphuric Ether and Ammonia, and Chloric Ether and Ammonia as Antispasmodics in Typhoid Fever." The remarks are founded upon observations on a single case, and are not very conclusive as to the value of the one remedy over the other. As far as the records of the case go, it appears that chloric ether and carbonate of ammonia, and ammonia in combination with chloroform produced no effect on the tetanic spasms which were present; but a mixture of sulphuric ether and carbonate of ammonia produced general tranquillity of the system. But the convulsive movements returned at short intervals, and were overcome by chloroform. Many other remedies, however, were employed in the treatment of the case.

The 'Medical Times and Gazette.'

We give a *résumé* of the fourth lecture of Professor Fergusson, "On the Progress of Surgery during the Present Century." The subject of the lecture is "Lithotomy in Children." The lecture is opened by the statement that most interest is connected with this operation as performed upon the adult; that difficulties and dangers are estimated by results rather than by actual processes; and that the comparative safety of the operation, when performed on those under the age of puberty, and also its facility in performance (the same class of patients—as regards age—being the subjects), have led surgeons to think too lightly of the operation. Mr. Fergusson chooses the subject of "Lithotomy in Children," with the hope of being able to mark out "certain points which have heretofore been scarcely, if at all, referred to by clinical teachers or surgical authors." In about a third of those who have been submitted to the operation for removal of calculus, the ages have been under the period of puberty, and the average mortality is about one in thirty. This is a large percentage in favour of these cases to those in which the operation has been done in the adult: the difference in the percentage has led to the "common impression, that the mechanical process in the young is simple in all respects." This is a grievous error, as much care and skill being needed on the part of the surgeon in the one case as in the other; nay, perhaps, even more in the case of the child. The operation itself having been satisfactorily performed, its termination in success is almost certain, though difficulties and mishaps may have been experienced during its performance. "We often hear of the operation being abandoned for a time, or the cutting having been performed when a stone has in reality not been found." Allusion is made to the fact that surgeons of eminence have operated on patients in whom symptoms of stone in the bladder existed, yet in whom no calculus could be found, but from whom some time subsequently a stone was removed by another surgeon. The cause of this failure may be that the bladder has never been reached, the forefinger being passed into a space made by it between the pubis and neck of the bladder. Mr. Fergusson relates an interesting and most instructive case, which occurred in his own practice; it is as follows:—The patient, a boy, aged three years, had the usual incisions made for the lateral operation, a simple scalpel being employed for making the incisions; a largely-curved grooved staff had been passed into the bladder. In making the deep incisions, the scalpel was used as little as possible, so as "to open only part of the membranous portion of the urethra, and merely notch the prostate and neck of the bladder. The forefinger of the left hand was next pushed along the staff and towards the bladder. The finger did not, however, get between the urethra and the staff, but altogether outside the bladder, and the more it was pushed onwards into the perinæum, the more it pushed upwards and inwards the prostate and the neck of the bladder, and that, too, with the smallest imaginable force. Cutting a little more freely in the groove of the staff, the finger was passed through the prostate and neck of the bladder into the bladder itself; the stone was reached and was then extracted; the little patient recovered, though slowly, in consequence of the lacerated character of the wound and the formation of an abscess in the left testicle." It was pointed out that these lesions, which occasioned the tardy convalescence in this case, may exist even "where there has not been the same trouble." The mishap of not reaching the bladder occurs more frequently than is generally supposed. Reference is made to the facts that, in the young subject, the perinæum is deeper than it is in the adult; that the bladder is an abdominal rather than a pelvic viscus; that on this account it is situated more deeply; that it

(Continued at page 10.)

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 6, 1864.

THE FORTHCOMING ELECTIONS AT THE COLLEGE OF SURGEONS.

The Fellows of the College of Surgeons of England will meet to-morrow in order to exercise their franchise in the election of councillors to supply the place of those who annually go out of office. The actual vacancies are three in number, and there are six candidates who aspire to the honour of filling them. Two of the candidates have already occupied seats in the Council—namely, Mr. Gulliver and Mr. Hancock—but the latter has been in office only a year, because the gentleman whose place he supplied would have retired in rotation on the present occasion. The senior new candidate on the list is Mr. Thomas Turner, of Manchester; the second is Mr. A.M. McWhinnie, of Serjeant's Inn; the third, Mr. T. B. Curling, of Grosvenor street; and the fourth is Mr. F. Le Gros Clark, of St. Thomas's street.

It must at once be stated that there is not the slightest objection to be urged against any of these gentlemen, and indeed they are each worthy of a seat of the Council, if it should please the Fellows to elect them. But, unfortunately, they cannot all be elected this year, and hence arises the somewhat invidious task imposed upon the electors, of making a choice among a number of gentlemen equally deserving of election. Independently of the personal and professional merits of the candidates, it cannot be said of any of them that they represent any particular class or section of the Profession, or that any of them are pledged, if elected, to carry out any special line of policy in the College Council. That the College stands in urgent need of a reforming hand, there can be no doubt whatever; but we cannot discern in any of the present candidates any very evident signs of reforming tendencies, nor, on the other hand, can it be asserted that any of them are the avowed defenders of existing abuses.

We should, we think, ill discharge our duty to our readers and to the Profession in general, if we lent ourselves to the exclusive advocacy of any one of the candidates who are now put forward; and all we propose to do is, to point out some general principles which may, perhaps, influence the Fellows in coming to a satisfactory decision in the votes they are about to give. Of the retiring Councillors who offer themselves for re-election, Mr. Hancock has been in office only a year, and Mr. Gulliver for a longer period. Those who think that re-elections ought not to be encouraged, and that the mere fact of a man having filled his prescribed term of office should disqualify him from re-appointment, will, of course, exclude Mr. Gulliver's name from their balloting-paper; but those who regard the scientific interests of the College, will remember, with gratitude, the services rendered by him to the literature and the teaching of Surgery and Physiology, and will reinstate him in a position which he has hitherto held with honour to the College and credit to himself. The Council and the Examiners of the stately fabric in Lincoln's-inn fields are not too rich in the literary and scientific, surgical, anatomical, and physiological element, to dispense with the services of such a man, or to be insensible to his loss in case of his non-election; and his continuance in the Council seems to be particularly desirable at the present time, when the claims of the Army Medical Service require mature and earnest consideration, and when his advocacy on the part of his military medical brethren might be of vital importance to their interests.

One gentleman who presents himself on this occasion deserves, we think, a word of encouragement at our hands, because he has been somewhat unfairly depreciated and passed over by some of our contemporaries. We mean Mr. McWhinnie, who, after Mr. Turner, is the senior among the new candidates, and who possesses many very strong claims to the suffrages of the Fellows. As a writer in our pages last week, signing himself "F.R.C.S., AND CONSTANT READER," very pertinently observed, a little regard to seniority would do much to obviate the feverish excitement which prevails at the present time on the subject of the College elections, and would materially check that system of canvassing in the Medical Journals and elsewhere, which is derogatory to our Profession and degrading to the candidates themselves. Admitting that Mr. McWhinnie is by seniority entitled to his election, what possible objection can be urged against him? and why is he to be coolly extinguished and blotted out of the list, as has certainly been attempted by one of the leading Medical journals? He has long been attached to our largest metropolitan hospital, where he filled many important posts with the greatest distinction, and he has from time to time contributed the results of his experience to the Medical world; while in his capacity of Lecturer and Demonstrator of Anatomy, he has materially assisted in the education of the present race of surgeons. He is besides a gentleman of a kind and genial disposition, having a large circle of friends, and a due share of professional practice; and we are at a loss to understand on what grounds his candidature is to be ignored or his claims disregarded.

The pleas put forward on behalf of Mr. Turner, of Manchester, are very strong, both on personal grounds and on principle. He is a gentleman who most worthily represents the class of provincial surgeons, and his age and his position would be a sufficient security to protect him from the blandishments of those who might seek to make him a tool to perpetuate College abuses. It is only right, also, that the College of Surgeons of *England* should not be governed merely by a Council of *London* surgeons, but that its ruling body should comprise an infusion of the provincial element. The only objection to the choice of Mr. Turner might be a practical one, founded on the difficulty he might experience, at his advanced age, and living as he does so many miles from the metropolis, in attending the meetings of the College Council, which we believe occur about twelve times in the year (exclusive of Committees), and occupy several hours at each meeting. But Mr. Turner

himself, we understand, permits no such difficulties to stand in his way, and he promises to attend to his duties with diligence and punctuality. Without in any way wishing to prejudice the election of Mr. Turner, we cannot forbear from commenting upon a statement made by the 'British Medical Journal,' which, assuming to be correctly informed on the subject, states that there are only four Committees in the year to be attended by the junior members of the Council. We positively state that, although such a rule applies to the three junior Councillors for the time being, yet the Committees are numerous, being divided into the Museum Committee, the Library Committee, the General Purpose Committee, the Finance Committee, &c., and that these meetings are very frequent.

Of one important point we may remind the Fellows, if they are not already acquainted with it, namely, that the office of Councillor is attended with a very small, and, indeed, only nominal emolument; and that a gentleman who comes from a great distance to attend the meetings of the Council not only can receive no emolument at all, but must be considerably out of pocket. Hence the sacrifice of time and money made by provincial members of the Council must be regarded as proving their zeal and disinterestedness in performing their duties, and their appreciation of the high honour which is conferred upon them by a seat at the Council Board.

SUMMARY OF THE WEEK.

LONDON ASSOCIATION OF GRADUATES OF THE UNIVERSITY OF EDINBURGH.

It affords us much pleasure to announce that an association is now being constituted for promoting and cementing the friendship of the numerous graduates of the University of Edinburgh in and around London; and that a preliminary meeting was held during the past week at No. 17 Manchester square. The chair was filled by Sir David Brewster, who was supported by nearly forty graduates; amongst whom we observed Drs. C. J. B. Williams, Sieveking, Chowne, Milroy, Tweedie, Peacock, Markham, Harley, Priestley, Cobbold, Joseph Williams, Scott Alison, Balfour, Murchison, Barclay, Burdon Sanderson, Fowler, &c. Letters were read commending the formation of such an association, and offering their support, from Drs. Roget, Grant, Robert Dickson, Alleyne, Child, &c., &c.; and it was also stated that Professors Christison and Syme both approve of the scheme, and have offered their names to be added to the list of members. Great unanimity prevailed as to the advantages which must necessarily occur from convening together the Edinburgh graduates, not only for occasional conferences, but also for an annual festival. Nor can it be doubted but that great good will result from this movement, not only to the members of the association themselves, but also to their *Alma Mater*.

BLACKBALLING AT THE COLLEGE OF PHYSICIANS.

It seems that the College of Physicians was, on Saturday, the 25th ult., the scene of a terrible commotion, of which the 'Lancet' gives a full account, but on which the 'British Medical Journal' (which, however, communicates some unimportant proceedings of the meeting) is discreetly silent. The 25th of June in each year is the day on which the new Fellows are presented for election on the recommendation of the Council; and it appears that the choice made by this body was distasteful to the Fellows present, who therefore proceeded to blackball many of the parties proposed. We ought to say that an attempt was made to blackball them all, but in many instances the attempt was unsuccessful. The gentlemen proposed for election were Dr. J. Pollock, Dr. Wood, Dr. Washbourn, of Gloucester, Dr. Priestley, Dr. Harley, Dr. Anstie, Dr. W. Roberts, of Manchester, Dr. Dundas Thomson, Dr. Braxton Hicks, and Dr. Kennion, of Harrogate. We may at once state that all these gentlemen are physicians of the highest respectability, and many of them of eminent talents. Nevertheless, five of them were blackballed, and two others escaped this fate only by a majority of one. As success in the present instance carries with it no particular honour, and failure implies no disgrace, we do not care to distinguish by name those who were elected and those who were not. The College lists will in due time communicate to the Professional world the names of the new Fellows, and those who were unsuccessful on the present occasion will perhaps be more fortunate (?) on the next. We cannot but regret the scene which took place at the College meeting, and which it is very difficult to explain upon any reasonable theory. It would appear as if the discontented Fellows wreaked upon some of their brother-physicians the vengeance which was really directed against the Council.

THE CASE OF THE MEDICAL OFFICERS OF THE ARMY.

Among the numerous pamphlets, letters, and articles written upon the subject of the grievances of the Army Medical Officers, one of the best is that which has lately reached us, entitled, "The Case of the Medical Officers of the Army fairly stated, in a Letter addressed to the Right Hon. Earl de Grey and Ripon, Secretary of State for War, by a Retired Deputy Inspector-General of Hospitals." His motto is, "Inveni portum, spes et fortuna valete," implying that the writer has no personal object to gain in espousing the cause of the officers of the service to which he is himself no longer actually attached; and his observations and representations have therefore the greater value. The pamphlet is written in plain and forcible language, but with great moderation; and if the Secretary of State for War or the authorities at the Horse Guards will condescend to read it, they will be made acquainted with many wholesome truths, with which they appear to be hitherto unacquainted. The unfairness of the distinction which is at present drawn between the combatant officers and the Medical officers is eloquently exposed, and a list of facts is drawn up showing that the Medical officers have been in no way backward in rendering their services in the field and sharing the dangers of war, and therefore that they are entitled to rank above civilians. The breach of faith committed by the Government in rescinding the warrant of

October, 1858, is eloquently denounced, and it is shown that that document was not issued in haste, but after due and deliberate consideration; that it was received with the greatest satisfaction by the Medical Profession, and was calculated to induce the best educated man to enter the Army Medical Service. The writer of the pamphlet concludes by making some suggestions as to the concessions which ought to be made by the Government in favour of the Army Medical Service, and which would remove the prevailing discontent and again induce Medical students to turn their thoughts to the Army as a fair field for the exercise of their Profession.

REVIEW OF THE PERIODICALS.

(Continued from page 7.)

is surrounded by much loose tissue, in which there is often an abundance of fat. It is frequently overlooked that the bladder is in childhood an abdominal organ; that the membranous part of the urethra is slender; that the entire urethra is a narrow tube, and that these several conditions tend to facilitate rupture of the entire circumference of the urethra; that the prostate is so small as to be hardly perceptible by the touch. The results of the operation being so good have caused the operation to be viewed as a simple one, free from any difficulties. But this is altogether wrong: the forefinger should never be pushed onward until it has been ascertained to be situated between the staff and the wound. In 159 cases operated on by Mr. Fergusson, there were 50 under the period of puberty—that is, which had not attained the age of 15. Of these 50, 2 died: one on the twelfth day, from unhealthy inflammation; the other on the second day, from hæmorrhage and shock. Six were private cases, and the remainder occurred in hospital practice. "Lithotrity."—In the review of this subject, Professor Fergusson alludes to the "tripodic apparatus" of Civiale having been succeeded by a very much superior instrument—the double-bladed lithotrite of Mr. Hodgson, and this, in turn, being improved upon by the instrument which bears the name of its maker, Weiss; to the screw and to the hammer lithotrites. The object of the operation is to reduce the stone to fragments sufficiently small to allow of their passing through the urethra, impelled by the force of the ordinary stream of urine. Professor Fergusson advocates the plan of removing the fragments at the time of the crushing of the calculus, instead of leaving them to chance and Nature; also the operation of lithotrity in the female in preference to cutting or dilating the urethra; and the removal of fragments by means of the scoop. In the male, a large-sized lithotrite (No. 10) is first used to break the stone; the fragments are then further reduced by a smaller instrument, and are then removed while between its blades. No injury of any consequence is done to the urethra. This is an immense advantage, especially as "the patient need not be confined to bed for a single day," and the operation can be accomplished most effectually even when the bladder is paralysed. The paralysis is indeed favourable rather than otherwise; small instruments are to be preferred, the size being, of course, consistent with strength. The objection to the small instrument is, that the urine may flow between the instrument and the urethra; but this is easily hindered by pressing the finger and thumb upon the glands. Small quantity of water in the bladder at the time of operation is advocated, because the stone is more easily caught. The most valid objections to the small instruments are—first, the difficulty in passing them into the bladder; and, secondly, the difficulty in ascertaining, by means of them, the presence of the stone by the sense of hearing. The "sounding board" is deprecated, but a narrow, shanked sound with a "lob point" is commended. Mr. Fergusson uses so small a lithotrite as No. 3. Immediate removal of the fragments resulting from crushing is most strenuously advised, and is the method of treatment adopted by Mr. Fergusson since 1854. By using small instruments this step can readily be performed, and the work of weeks or months, if left to Nature, is done in a few moments or in a few days. Spontaneous expulsion is most uncertain. Cases are brought forward to corroborate Professor Fergusson's statement as to the feasibility of his procedure.——Mr. JORDAN continues his "Surgical Inquiries on the Extra-Peritoneal Operation for Strangulated Hernia," the remarks in the present paper bearing upon "the operation as applied to the several varieties of strangulated hernia."——Dr. JAMES MCCRAITH contributes a paper entitled "Lithotomy in Smyrna." One case, an old subject, died from pelvic cellulitis; the patient had obstinately refused nutriment: in another case the bladder was found to be adherent to the calculus, and shreds of the mucous membrane came away on and with the stone. "The difficulty in seizing the calculus in the case of children is owing to the opening in the bladder being made too far posteriorly: the cut in children more especially should include the posterior part of the membranous portion of the urethra." The author of the paper is an advocate for lithotripsy in the female in preference to any mode of extraction.

THE APPROACHING ELECTION TO THE COUNCIL OF THE COLLEGE OF SURGEONS.

[LETTER FROM PROFESSOR GULLIVER, F.R.S.]

The following letter, which appeared some weeks since in the pages of a contemporary, has been circulated among the Fellows of the College:—

SIR,—As incorrect statements are abroad concerning my being a candidate for re-election to the Council of the College of Surgeons, perhaps you will permit me to explain, through your columns, the reason for my conduct on this occasion.

Since the last election to the Court of Examiners, I have held no communication with the Council. At that time I instantly tendered my resignation, because it appeared to me that the combination of the surgeons (with one or two honourable exceptions) of the Metropolitan Hospitals, to exclude from the office of examiner any one not belonging to their own body, was plainly declared and likely to be perpetuated; and more especially as, at the preceding election, that same combination had well-nigh deprived the Court of the services and countenance of an anatomist of European reputation.

I should have disregarded the open and covert attacks to which I have been subjected, and thought no more of the College of Surgeons, had the question merely concerned that body and myself; but it now appears to me as a public one, and, therefore, a duty which I owe to the Fellows to appeal to them at the approaching elections.*

The consideration of some decisive measures as to the constitution of the Court of Examiners cannot be much longer delayed by the electors of the Council; and among other questions, some such as the following must arise:—

1. Whether the Metropolitan Hospital School of Surgery be not rather a part than the whole of the English school?

2. And if so, whether the Metropolitan Hospital Surgeons of the present Court of Examiners represent anything more than a fraction of the English school?

3. And then, whether there be not a provincial school entitled to quite as much respect as that fraction of a school?

4. Whether it be for the interest of the public and the Profession to allow those surgeons of the London Hospitals virtually an exclusive right to the examination of those very pupils whose fees have before been pocketed by one or other of those very Examiners?

5. And if this be decided in the negative, whether it might not be expedient to have an annual election of the Examiners, comprehending a due proportion of disinterested and distinguished men from external sources to fill up the vacancies in the Court?

The last part of this question might never have occurred while the Court was at once supported and adorned by the names of such illustrious men as Abernethy, Astley Cooper, Brodie, and Green—all surgeons at the same time of the different London Hospitals. And as to the former part, annual elections are found to work well at Edinburgh, leaving in office for many years the best Examiners, and affording an annual opportunity of removing such as may not have performed the duties satisfactorily.

Edenbridge, Kent, I am, &c.,
June 13, 1864. George Gulliver.

* P.S. This subject is one in which all those Fellows who are not surgeons of the metropolitan hospitals are as much interested as I am. Nothing could have made me subject myself to the possibility of any further concern with the doings of the College Council, but for the purpose of testing whether the Fellows really approve of the combination complained of. My election into the Council was approved by my appointment to the offices of Professor and Hunterian Orator to the College. But if the Fellows by whom I was elected into that Council, and out of the usual course as an army surgeon, choose to allow their deliberate approbation to be contemned by a virtual declaration that there is but one qualification for the Court of Examiners (to wit, that of being surgeon to one or other of the metropolitan hospitals), there is an end of the question. Only then it must be concluded that the surgeoncy of those hospitals is indispensable for the office of Examiner—that the present state of British science is not necessarily represented by the Court of Examiners—and that pupils should be plainly informed that the higher branches of the Profession are henceforth ignored, or unworthy of recognition, by the ruling authorities of the College of Surgeons of England.

NEW INVENTION IN SURGERY.

Gontard's Truss with Jointed Pads.—The peculiarity of these trusses consists in the fact that the pad is jointed, and thus is capable of exercising a varying degree of local pressure proportionate to the size of the rupture; and the pad is also made so as to be turned round a stem, and thus to exert a force from below upwards as well as horizontally backwards. The rupture having a natural tendency to fall down in consequence of the erect condition of the body in standing, the size of the tumour is continually tending to increase, and hence a pressure made from below upwards is the best method of counteracting this tendency. The rotatory movement of the pad and its jointed construction (a double-jointed pad being provided for very difficult cases) cause it to resemble the action of the hand when applied to support the rupture and to prevent its descent. Thus, the effect of these trusses is to keep in their place in the abdomen the masses of intestine which would otherwise protrude; and the instruments are adapted for the most voluminous and difficult forms of hernia, the pad being capable of adjustment in any direction which the circumstances may require. The invention is very ingenious, and the effects are produced by a simple and intelligible form of mechanism. One great advantage, which should not be overlooked, is that the instruments are by no means expensive. Gontard's truss is patented in Paris, and the London agents for its sale are Messrs. Francis Newbery and Sons, 45 St. Paul's Churchyard, where the trusses may be inspected by any members of the Profession. They are well worthy of examination and trial, and we have no doubt that they will fully answer the purposes for which they have been designed by the inventor.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 14th, 1864.

Mr. Partridge, President.

PATHOLOGICAL RESEARCHES INTO THE DISEASES OF THE EAR.

(*Supplement to the Seventh Series.*)

SEBACEOUS TUMOURS IN THE EXTERNAL AUDITORY MEATUS.

By Joseph Toynbee, F.R.S., Aural Surgeon to St. Mary's Hospital, &c.

After reference to the eighteen cases (published in the forty-fourth volume of the Society's 'Transactions') in which sebaceous tumours developed in the external auditory meatus had caused disease of the petrous bone, the author detailed two additional cases of the disease in which death resulted from irritation of the brain produced by the presence of sebaceous tumours. In one case—a girl aged sixteen—there was no history of any previous affection of the ear; nevertheless, there was caries of the petrous bone, and death ensued from inflammation and softening of the brain. In the eighteenth case—that of a boy also sixteen years of age—acute symptoms suddenly came on without any warning, and death followed eight days after his admission into hospital from inflammation of the brain.

Dr. Edgar Barker reported

A CASE OF PROGRESSIVE ATROPHY OF THE TONGUE AND MUSCLES OF SPEECH; SUBSEQUENT LOSS OF POWER; GREAT GENERAL ATROPHY; POST-MORTEM APPEARANCES.

Since the publication in the 'Medico-Chirurgical Transactions' in 1851, by Dr. E. Meryon, no other case of this description had been brought before the notice of the Society. The subject was a gentleman, aged fifty-one, who had enjoyed excellent health till May, 1859, when a slight difficulty of speech, accompanied by general failure of health and strength, induced him to seek medical advice. These symptoms, without any apparent cause, with the addition of impairment of deglutition, continued to increase, and on the following September, after some months' residence at the sea-side, the tongue had assumed the following remarkable appearance: small and shrunken, it lay low in the floor of the mouth, and over its whole surface was noticed an unceasing tremulation of the fibrils of its muscular structure; it had lost its bright healthy hue, and was of a pale yellow colour. His face had also lost its ordinary expression; the cheeks and lips were flaccid, and hung down. Saliva frequently dribbled from the mouth. No symptom whatever of irritation of brain or spinal cord was ever present, but the muscular tissue in different parts continued to waste and degenerate with unrelenting pertinacity. Gradually articulation became unintelligible, and deglutition impossible. The fibrillary tremors, so noticeable during the wasting of the muscles, ceased with their de

struction. From the tongue to the muscles of deglutition, thence to those of the upper and from these to the lower extremities, the disease extended. At length the intercostals were affected; and the breathing consequently at times became much laboured, as each morning brought increasing difficulty in the necessary expulsion of mucus collected in the bronchial tubes during the previous night. Great exhaustion followed these attacks, and on the morning of the 15th October, 1861, he gradually sank.

Various remedies had been, for many weeks together, tried, but none seemed in any way to arrest the steady onward progress of the disease. Cod-liver oil, quinine, iron in various forms, zinc, strychnia, and the constant use of galvanism, were the principal agents employed.

The post-mortem examination of the tongue went to prove that in its entire extent it had been converted into a soft, pale yellow mass of fatty tissue. The papillæ were shrunken, and most of its muscular fibres were here and there scattered; and of the muscles attached to the tongue only the genio-hyoglossi and the stylo-hyoglossi retained any manifest traces of their form and structure. The nerves of the tongue, so far as traceable, were natural; no apparent softening or atrophy of them could be detected; muscular fibre in the arches of the palate and in the uvula were chiefly natural, save here and there. The same granular appearance was noticed in the pectoralis major and a portion of the left ventricle of the heart and in the left side of the diaphragm. In all, the muscular fibre was in great part natural, though each specimen, in an equal degree, contained stray fibres, which were losing the clearness of their transverse markings, and becoming granular with fatty deposit. The examination, worked out with the greatest care and by accurate observers, failed to bring satisfactory evidence of any change in the nervous tissue supplying the affected muscles, either in their centre or peripheric extremities; but, on the contrary, the examination tended to strengthen the present prevailing opinion that the disease is essentially in the muscular tissue itself, and must yet be looked upon as akin to that condition frequently met with in the left ventricle of the heart, and known as fatty degeneration.

In answer to a question,

Mr. CALLENDER said that the examination was made chiefly by Mr. Paget and Dr. Brown-Séquard, but he could not say that there was any microscopical examination of the spinal cord.

Dr. MERYON said that in a similar case to that related the spinal cord and the nerves connected with it had been examined, but not the slightest disease could be detected. Cruveilhier had recorded three cases of the disease, in two of which the spinal cord was not affected, though it was in the third case. In this patient there was the same tremulous action of the muscles. The origin of the disease had been attributed to exposure to night air. Since his (Dr. Meryon's) case had been related two brothers of the patient had died, the last one about three years since. Dr. Meryon then referred to several cases of the affection, in none of which had he seen the tremor of the muscles, except after the use of electricity. He attributed the disease simply to a breaking-down of the muscular structures of the part, and thought it unconnected with nervous changes. Medicines in these cases had exerted little or no influence. In one case, however, he had given liquor arsenicalis for six months, and the disease had not progressed.

Dr. GULL said that the cases referred to by Dr. Meryon and the one under consideration were not at all similar. Dr. Meryon's was a class of cases occurring amongst young people, and the muscular degeneration was somewhat analagous to the rickets in bones. The case of Mr. Barker was of another kind; and considering that no microscopical examination had been made of the seventh and lingual nerves, it was valueless in respect to the cause of the disease. He entered his protest against the assumption that it was primarily dependent on muscular degeneration. How did it commence? Now, looking at the fact that one of the olivary bodies was flattened and the anterior pyramid altered in form—the very eye, as it were, of the nervous centres—and taking into account the symptoms, it would appear that the disease had its origin in the nervous system. He had shown in some lectures at the College of Physicians that paralysis might begin in any of the structures of the body.

Dr. FULLER had seen a case in every way similar to that of Mr. Barker, except that it was not fatal. The disease began in the tongue, but the upper and lower extremities became affected; the patient could not walk, and could scarcely lift his hand to his head. He was not of a strumous habit, but was previously in good health, and attributed the disease to great mental and bodily exhaustion consequent upon exertion. The symmetry of the disease in these cases was in favour of the opinion expressed by Dr. Gull, as were also the cramp and some other symptoms present. He (Dr. Fuller) had seen another case which had likewise been attributed to great mental and bodily exhaustion; this case proved fatal.

Mr. W. ADAMS referred to a case which had come under his observation in most respects similar to that of Mr. Barker, and in which the disease was attributed to great mental distress.

Mr. CALLENDER said that some disease of the nervous system was expected to be found in Mr. Barker's case. There was certainly some change in the olivary and pyramidal bodies, which were slightly atrophied; but on careful microscopical examination no change of structure could be discovered. Mr. Barker, he believed, had brought forward his case as a clinical memoir chiefly. With respect to the symmetrical character of the disease being indicative of its nervous origin, he did not think it of so much weight. One muscle became affected; and even in nervous affections the muscles on one side were often alone involved.

ON THE TREATMENT OF STRICTURE OF THE URETHRA BY SUBCUTANEOUS DIVISION. BY HENRY DICK, M.D.

(Communicated by WILLIAM ADAMS, Esq., F.R.C.S.)

In 1853 Dr. Dick published his first case, and in 1855 he sent a memoir to the Académie de Médecine de France, in which two other successful cases are related. Since that time, Mr. W. Adams and Dr. Dick's colleague at the National Orthopædic Hospital—Mr. Allingham—have operated after the same method with the best result. Dr. Dick divides strictures into two classes, after their physical properties—namely, into dilatable and non-dilatable. Stricture may occur at any spot of the urethra; but the most frequent is the bulb. They are less frequent at the fossa navicularis and the membranous portion. Stricture is the result of inflammation, a new tissue being formed at the strictured spot, which is of a fibrous nature. The greatest number of strictures take the form of atrophy; but a few are met with of the hypertrophic form. In drawing attention to the shape of the stricture, Dr. Dick points out that every portion of the stricture must be divided, because if only the narrowest part is divided symptoms of stricture will return. He further alludes to deviation of the urethra in strictures, believing that the back opening of the stricture does not correspond with the front opening. He says that those pathological changes are the result of post-inflammatory retraction. Dr. Dick passes in review the different treatment of stricture. He believes dilatation by the graduated metallic bougies is the safest; but there are cases where dilatation will not give much relief to the patient, or sometimes social exigencies urge the patient to get radically cured. The different methods employed he divides into three: 1st. cauterisation; 2nd, splitting or tearing; 3rd, cutting strictures. And the cutting he sub-divides into three kinds—the internal, the external, and the subcutaneous methods. He thinks cauterisation the most objectionable, having regard to the pathological anatomy of strictures. Splitting he only admits in a few exceptional cases—where division by the knife cannot be practised with safety, where a number of strictures are closely following each other, or where a large part of the urethra is strictured; but even in these there is no certainty if the stricture has been really torn or only forcibly dilated. He cites two cases of sudden death occurring after splitting. His other objection to splitting is that the pain is so violent that recourse can be had to chloroform.

Besides, it is a principle in surgery never to tear parts, when they can be cut with safety. Dr. Dick thinks the internal incision is the most logical, having regard to the pathological anatomy of strictures; but its execution has great drawbacks: he alludes to the difficulty of making the cut at the right spot with the instruments. Incisions with those cutting machines are very difficult to execute, as very often the knife acts as dilator instead of a cutting instrument when the part is not tensely dilated. He objects to the external incision as being almost as hazardous an operation as cutting for stone. The suppuration afterwards is also long, consequently pyæmia is much to be apprehended; besides, the long suppuration is very likely to occasion great retraction, some cases of which have come under his own observation. He comes now to the subcutaneous division, which he believes fulfils the indications of the pathological anatomy. The surgeon can attack directly with the knife the contracted spots. He is at liberty to make his subcutaneous cut as long and as deep as he thinks most suitable for the occasion. The external puncture heals in the first twenty-four hours. The operation has further the advantage that chloroform is not required, the pain being very trifling; the hæmorrhage, too, is insignificant. The subcutaneous method is indicated not only in severe strictures where dilatation cannot be practised, but also, in his opinion, in those elastic strictures which return after dilatation. He then describes the mode of operating. Dilatation must first be practised to a small extent to enable the operator to pass a small-grooved conductor through the stricture. No chloroform is used. The patient's regimen is not changed. In winter he confines his patient to his room for eight days; in summer only for three days. For the operation the patient is placed in the position for lithotomy. The instruments used are a grooved conductor, which was shown to the Society; an ordinary tendon knife, which for strictures in the membranous portion should have rather a long neck, and be a tenotome caché; a good-sized catheter in proportion to the orifice of the urethra; a T-shaped bandage, an ordinary bandage, sticking-plaster, and lint. No bandages are required for strictures in the membranous portion; for the latter cases a large metallic bougie is left in the urethra after the operation. The patient placed in position, the conducting catheter is introduced until the two knobs stop before the stricture; then the surgeon, by skilful manipulation, slides out the small-grooved conductor (which was concealed in the conducting catheter) through the stricture. The conducting instrument being then in position, the surgeon delivers it into the hand of his assistant, telling him to keep it gently but steadily against the stricture. He then feels outside the urethra for the two small knobs, grasps with his left hand the penis with the instrument, and places his thumb just before the knobs, having his index and middle fingers at the back of the penis; he then takes the tenotome in his right hand, and thrusts it between the two knobs, pushing it resolutely through the stricture and divides it in that *sawing* manner in which, usually, tendons and fibrous tissues are divided. He thinks the cut should always be from three-quarters of an inch to an inch long; also that the knife should not be withdrawn until the surgeon is quite convinced that the stricture is completely divided. The conducting catheter is then withdrawn, and lint and sticking-plaster placed on the external wound, and the whole kept in position by a T-shaped bandage, a common roller, and a few pins. The patient is then put to bed, and his urine drawn off twice or thrice a day when required with a large catheter. Dr. Dick strongly objects to leaving a catheter in the urethra after the operation. He now quotes four cases of his own and two of Mr. Allingham's, all of which were attended with the most successful results. In them he relates as a remarkable fact that shivering always took place, but no bad results followed. The only case in which shivering did not occur was that after incision in the fossa navicularis. Another point of importance on which he dwells is, that dilatation with a large metallic bougie should be practised once a week for six months after the operation.

CASE OF TRAUMATIC STRICTURE IN THE ANTERIOR PORTION OF THE URETHRA CURED BY SUBCUTANEOUS DIVISION. BY WM. ADAMS, F.R.C.S.

As a note appended to the above paper by Dr. H. Dick, Mr. Wm. Adams gave the particulars of a case of traumatic stricture in the anterior portion of the urethra, which he had cured by dividing the stricture subcutaneously in the manner proposed by Dr. Dick; the operation very much resembling subcutaneous tenotomy.

In June, 1862, C. W——, aged twenty-six years, an officer in the army, first consulted Mr. Adams on account of a very severe stricture of the annular or ring-like form and gristly substance situated in the anterior portion of the urethra, two inches and a quarter from the external orifice. The stricture, which could easily be felt by external examination, had been caused by the bite of a horse in India a year and a half previously, and the inconvenience now suffered by the patient incapacitated him from military duty. At the time of the accident both the scrotum and penis were much injured; profuse hæmorrhage from the urethra occurred, and a portion of the mucous membrane is said to have protruded from the external orifice. Abscess formed and opened externally close to the frenum, where a fistulous opening communicating with the urethra remained at the date of Mr. Adams's operation. Ever since his recovery from the immediate effects of the injury, the patient had been obliged to wear, night and day, a short catheter of small calibre (about No. 2); the disposition to contraction being so great that if this were discontinued more than a few hours, he had the greatest difficulty in passing a tube even of a less diameter than a No. 1 catheter. Mr. Adams considered that an operation offered the only means of permanent cure; but at the patient's request this was postponed, and gradual dilatation tried by a graduated series of short silver catheters. The patient left town, and persevered in this treatment for eight months, wearing a catheter day and night. Dilatation could not be carried further than to admit a No. 4 catheter, which was habitually worn, when Mr. Adams was again consulted in February, 1863. The disposition to contraction was so great that when the No. 4 catheter was left out during the night, only a No. 1 or No. 2 catheter could be passed in the morning. Mr. Adams now urged an operation; and, thinking that any attempts at forcible dilatation, such as Mr. Holt had recommended, would probably fail in consequence of the large size and unusual gristly induration of the stricture, determined to adopt the subcutaneous division of Dr. Dick, more especially as he had assisted Dr. Dick in two operations of this kind in severe cases, in both of which the operation had been eminently successful.

On the 16th March, 1863, Mr. Adams performed the operation, with the assistance of Dr. Dick. The instruments used were the tenotomy knife and Dr. Dick's grooved staff with a bulbous extremity, having within it a smaller grooved staff, which can be passed through the stricture, and form a director, along which a knife can be passed in dividing the stricture, when the bulb of the larger staff has been passed down to the stricture as a guide for the introduction of the knife. In performing the operation, the tenotomy knife was passed through the skin externally, directly into the groove in the bulb of the larger staff, and thence onwards along the groove in the smaller staff through the stricture; then, leaving the groove, the knife was directed outwards towards the skin, dividing freely the stricture and some of the corpus spongiosum a little above and below it. In the present case no difficulty occurred in the operation; but, as a complication, two other strictures were discovered by the bulb of the larger staff—one an inch and a half from the external orifice (*i.e.*, nearly an inch anterior to the main stricture), and the other more than an inch behind the main stricture: so that in order to divide these, it was necessary to introduce the tenotomy knife in two different places. When the main stricture was divided, the tissue gave way very much like a tightly-stretched tendon, and could be both heard and felt.

Immediately after the operation, in which very little hæmorrhage occurred, a No. 12 (English) catheter was passed into the bladder without any difficulty, and left in for a short time, slight pressure on the penis being kept up. The catheter was not left in during the night. The next day a No. 12 catheter was introduced twice, and the urine drawn off. This was continued day after day two or three times, and on the fourth day the patient was indiscreet enough to walk down to his club and dine with some friends. Not feeling so well afterwards, he remained two days indoors. On the eighth day he went out of town. He was able to pass a No. 10 catheter for himself without any difficulty, and this he was directed to do at first twice and then once a day. The No. 12 catheter seemed to meet with a little obstruction at the seat of the deepest stricture, or a little beyond this, but passed readily through the situation of the main stricture. On the 15th of April the patient was carefully examined by Mr. Adams, and no disposition to reconstruction existed. He was improved in every respect. On the 8th of June, less than three months from the date of the operation, Mr. Adams reported this gentleman as fit for active military duties. He was now directed to continue passing the No. 10 catheter twice a week, and then once a week, which was to be gradually discontinued. It may be safely affirmed that in this case no better result could have been obtained by any other method of treatment; and it certainly offers encouragement to test further the advantages of the subcutaneous division of stricture, and determine the cases to which this method of treatment is especially applicable.

Dr. DICK said he had operated in very many cases, and always successfully. The periods which had elapsed since the operations varied from nine years to a few weeks. All the patients recovered well.

HARVEIAN SOCIETY OF LONDON.

TUESDAY, MAY 7.

W. ADAMS, ESQ., F.R.C.S., President, in the Chair.

(Continued from page 435.)

Mr. BALMANNO SQUIRE thought that secondary syphilis and more especially syphilitic skin disease was by far the most important part of the subject, for primary syphilis was, as compared with the secondary form, a mere trifle, and derived its chief importance from its liability to be followed by other forms. With regard to the latter, he was not able to agree with Dr. Drysdale that the treatment was the point in which errors were most frequently committed; his own experience was most decidedly in support of the usual treatment—viz., the cautious, but at the same time sufficient, administration of mercury. The point in which he thought that errors were most common was the diagnosis of syphilitic skin diseases from simple skin diseases—a branch of medicine, and a very important one, of which he thought too little was generally known in this country. It was to errors of this kind he thought that the doubts which had recently been raised as to the propriety of the mercurial treatment of syphilis were due. He would not attempt to enter at large on the extensive question of the diagnosis of the various forms of syphilitic skin disease, from the so-called non-specific eruptions; but there was one symptom of constitutional syphilis to which he would especially draw the attention of the Society, because it seemed to have completely escaped attention as a syphilitic indication, and because he had found it to be one of the most constant,—he referred to what might be called bi-frontal neuralgia. Shooting pains in *one* temple, hemicrania, were common from a variety of causes; but when shooting pains occur in *both* temples it is a symptom which, so far as his own observation had gone, was never met with unless as a result of constitutional syphilis. With regard to what had been said as to the impossibility of studying constitutional syphilis as an unmixed disease, on account of the constant administration of mercury as a remedy for it, and to the position that most of the effects generally attributed to the syphilitic poison were due to mercury rather than to syphilis, he would say that a very fair percentage of the cases of syphilitic skin disease that had fallen under his notice had never had any treatment whatever, and that a comparison of cases that had undergone mercurial treatment with those that had never had treatment at all gave a result totally at variance with the theory that it was not syphilis, but mercury, that produced the effects ordinarily known as syphilitic.

Dr. DRYSDALE asked Mr. Squire to particularize any lesion which he had seen in cases which had not undergone courses of mercury. Bone disease, he believed, was not found in the unpoisoned disease, and the eruptions were generally mild, though sometimes tedious, when the disease was treated by caustics and by the ordinary principles of sound surgery.

Mr. SQUIRE said that he had seen a woman who, six years ago, had contracted chancre. She was suffering from severe bi-frontal neuralgia and also lupus sores on the forehead. Mr. Hardy, he said, had related a case where a sailor had syphilitic symptoms after being entirely free from them for thirty years.

Dr. GRIFFITH related a case of natural history of syphilis which had been communicated to him by Mr. Gaskoin. A gentleman who had not taken mercury had come to consult that gentleman for nasal bone disease. Mr. Teevan had recently mentioned a case in the Westminster Hospital occurring in a girl, aged eighteen, who had not taken mercury, where there was extensive ulceration of the palate. Dr. Griffith remarked that it was a singular fact that secondary symptoms had never, as far as he knew, been recorded as having been inoculated from the female to the male; but that males with secondary symptoms appeared sometimes to infect females, as in the cases mentioned by Mr. De Meric in the Society.

Dr. HICKMAN, alluding to the statement mentioned by Mr. Squire—viz., that secondary symptoms might appear after a very long period, such as thirty years, said that, if this were admitted, it was clear that we need never expect to know much about the natural history of the disease, nor about the effect of remedies in preventing the appearance of such symptoms, since we could not be sure that the person would ever be benefited by any treatment until he was at his last hour. This would apply also to the treatment by mercury, since we could not, of course, know whether the remedy had prevented the disease from appearing or not.

The PRESIDENT thanked the author of the paper for his researches and the numerous interesting facts brought before the Society. He should have liked to hear from members present what the nature of the disease was when it occurred among the savage inhabitants of New Zealand, &c. He had heard from surgeons who had visited these lands that serious lesions accompanied the disease among the natives. Of course there was this difficulty in such accounts, that we had to speak of persons in the very lowest scale of human life, without any care of their persons, and in them, no doubt, there might be a collection of all the diseases which arise from want of cleanliness, and from crowding in ill-ventilated huts, &c. As to the inoculation of secondary symptoms, this did take place sometimes from the male to the female, but not, he believed, from the female to the male. Inoculation, too, might take place by means of vaccination, as in the case of a young lady at Boulogne, who had a peculiar skin eruption, which had been introduced by lymph from a vaccine vesicle.

Dr. GRIFFITH had witnessed, in Africa and in China, the symptoms referred to by the President when no mercury had been used, and when the patients had been quite untreated in any way.

Dr. SISSON replied by thanking the Society. He could not agree with Mr. Squire that it was advisable to find out the *physiological* action of a drug in the case of mercury. It was its *curative* effects we should look for.

CORNWALL LUNATIC ASYLUM.—The sum of 5,000*l.* was granted at the County Sessions on Tuesday, for the purpose of providing additional accommodation which is required at the Lunatic Asylum.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

JUNE 25.

NOXIOUS VAPOURS BILL.

In answer to a question from Lord Ravensworth,

Lord Stanley of Alderley ascribed the imperfect working of the Act for the suppression of nuisances caused by noxious vapours from certain manufactories to the short time the law had been in operation.

HOUSE OF COMMONS.

JUNE 27.

POOR-LAW RELIEF.

Mr. Warner asked the President of the Poor-law Board whether he would lay upon the table of the House in the present session a Bill to carry into effect the recommendations of the Select Committee on Poor Relief.

Mr. Villiers said that the recommendations of that Committee had reference to matters of various kinds, and not immediately connected with each other, and it would probably be convenient to introduce several Bills to carry them into effect. He had directed the report to be sent to the different Boards of Guardians, with the view of ascertaining if there were any practical difficulties in the way of adopting some of the amendments proposed. He should shortly be in a position to inform the House what course the Government would adopt with regard to the report. At all events, he should be prepared, at the earliest moment of the next session, to introduce a Bill on the subject. (Hear, hear.)

LUNACY (SCOTLAND) BILL.

The House went into Committee upon this Bill.

Mr. Smollett objected to proceeding with the Bill at all. The Bill purported to amend an Act passed about two years ago, a sort of continuance Bill of the Lunacy Board in Scotland. This Board was constituted in 1857, and the Bill for its continuance was passed in 1862, in spite of great opposition. The present Bill ought to have been introduced at an early part of the session, so that it might have been discussed at the county meetings. He moved that the Bill be postponed for two months.

Sir J. Fergusson agreed that the Board was generally regarded as objectionable in the country; but in spite of this objection he should be sorry to allow parishes to deal with their lunatics without inspection or supervision. As he understood that the Bill was only to be one of continuance, he hoped his hon. friend would withdraw his amendment.

The Lord-Advocate assured the House that the Bill was merely one of continuance. He was far from saying that the machinery of the Board was perfect, but he was convinced that since the institution of the Board an end had been put to evils which were a scandal to the country, and a great and beneficent change had taken place in the management of lunatics. He did not see his way to any reconstruction of the Board at present. He felt sure that the hon. gentleman would allow that the services of the deputy-inspectors were absolutely indispensable, and he did not think that 600*l.* a year, as provided by the Bill, was too great a salary for them.

Mr. Smollett would not persevere with his motion, but he thought the statement of the learned lord ought to have been made on the introduction of the Bill or on the second reading.

The clauses were then agreed to, and the Bill passed through Committee.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the general meeting of the Fellows held on Saturday, June 25, the following College officers were elected for the ensuing year:—*Censors*—Patrick Black, M.D., Charles West, M.D., Charles Handfield Jones, M.B., and William Richard Basham, M.D. *Treasurer*—James Alderson, M.D. *Registrar*—Henry Alfred Pitman, M.D. *Examiners*—(*a*) On the Subjects of General Education: Francis Hawkins, M.D., John Spurgin, M.D., and Henry Thompson, M.D.; (*b*) On the Subjects of Professional Education: Anatomy and Physiology—William Orlando Markham, M.D., and William Senhouse Kirkes, M.D.; Materia Medica, Chemistry, &c.—George Owen Rees, M.D., and William Odling, M.B.; Principles and Practice of Medicine—Thomas Alfred Barker, M.D., James Risdon Bennett, M.D.; Principles and Practice of Surgery—Frederick Le Gros Clark, Esq., F.R.C.S., and Campbell G. De Morgan, Esq., F.R.C.S.; Midwifery and the Diseases peculiar to Women—Arthur Farre, M.D., and Robert Barnes, M.D. *Librarian*—William Munk, M.D. *Curators of the Museum*—James Alderson, M.D., G. Hamilton Roe, M.D., William Wegg, M.D., and Francis Sibson, M.D.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 23rd ult.:—Charles Bradley, Nottingham; Thomas Haywood Smith, Alcester.

The following gentleman also on the same day passed his first examination:—Frederic William Adams, Bristol Medical School.

POISONING BY LUCIFER MATCHES.—On Thursday morning Mr. Humphreys, the Coroner for East Middlesex, resumed an inquiry which had engaged his attention on a previous occasion at Mile end, respecting the deaths of two children, Louisa and Elizabeth Stapher. It appeared from the evidence taken by the coroner that death was attributable to the children having sucked lucifer matches, on which Dr. Letheby was requested to make a *post-mortem* examination. He said the stomach of Louisa Stapher was greatly inflamed, and the contents showed traces of phosphoric acid and traces of lead. She had been acted upon by a very violent irritant poison. He had analysed fifty matches given to him by Mr. Atken, the surgeon, and he found that they contained 1·154 grains of phosphorus and four grains of red lead. Phosphorus was a very powerful poison, and a grain and a half had killed an adult in twelve days, and sometimes one-third of a grain had killed. He was of opinion that the children died from phosphorus. Common phosphorus was highly dangerous, but matches could be made with prepared phosphorus which would be entirely innocuous. He strongly urged the necessity of Government interference in protecting young children from the dangers to which they were subject from the manner in which lucifer matches were at present made. The jury, after hearing a very decided expression of opinion on the subject from the Coroner, returned as their verdict that the deceased children died from the poison of phosphorus by sucking lucifer matches, they being ignorant of its effects, and that they lost their lives through misadventure. The jury further recommended that the Coroner write to the Secretary of State suggesting that measures should be taken to prevent the manufacture and sale of dangerous phosphoric matches, such as those which had killed these two unfortunate children.

NEWS FROM THE ANTIPODES.—The Sydney 'Morning Herald' announces that Dr. Fox was drowned while crossing the Hunter, near Denman, on April 20, and on the previous Friday another member of the Profession, Dr. Botton, was drowned at Hinton. Another paragraph in the same journal states that at the very moment that Mr. Botton was generously and courageously saving a fellow-creature from drowning, his own brother, Dr. Botton, lay dead at the bottom of the river at Hunter. Mr. R. Fenwick died on March 25 while under the influence of chloroform; he was undergoing a painful surgical operation at the time. Dr. Simmons, of Stroud, was tried at Maitland for criminally neglecting to attend a patient. He was found guilty, and sentenced to three months' imprisonment.

HOW FEVERS ARE PRODUCED.—Under the above title, two correspondents make the following statements to the 'Times,' in reference to some of the arrangements for the temporary disposal of the dead in the parish of Westminster:—

To the Editor of the Times.

SIR,—Knowing the columns of your paper are always open to any just cause of complaint, I have ventured to

send you a statement of the following disgraceful proceedings on the part of the Governors of the Poor of St. Margaret's and St. John's, Westminster.

For some two or three months, owing to a paltry dispute existing between the rectors and local authorities, the above parishes have had no deadhouse wherein to put their pauper dead. The Board have, in the meantime, prevailed upon an undertaker, for the sum of 10s. per week, to allow them to place the bodies, sometimes amounting to the number of twelve and fourteen, in a stable (already fully occupied by three horses) in Great St. Andrew street, Westminster. The immediate neighbourhood is densely populated by the poorest of people, and from a house adjoining no less than four persons stricken with fever have been removed to the workhouse.

The Sanitary Committee have been applied to in vain by the inhabitants; I therefore trust you will insert this, as perhaps publicity may cause this intolerable nuisance to be removed. AN OLD RATEPAYER.

To the Editor of the Times.

SIR,—Most glad am I to see that somebody has drawn attention to this matter.

Persons passing along Victoria street must have seen in a dreary waste of rank grass, dignified by the name of a churchyard, a mean hovel, the walls of which had long parted company with the adjacent building, to which they were once attached. Originally a tool-house, it was, I believe, in the time of the cholera, pressed into the service of the parish for keeping the bodies of persons buried at the expense of the parish, until they were removed to the cemetery. Considering the dense population of Westminster, there can be no doubt as to the need of such a building.

But it is not likely that even the very poorest would willingly consent to see their relatives consigned to an abode literally unfit for a dog, with every window broken, and open to rain and wind through at least a foot of open space, where the walls had given way. Still the place was used, with little regard to safety, less to decency. Remonstrances were frequent and unheeded; the coroner protested against the danger to which the jurymen who had to enter the building were exposed. His protest was in vain.

At last the police interfered and pulled the place down as a dangerous structure. The rector of the parish, the late Dr. Cureton (the churchyard belongs to St. Margaret's parish, but the deadhouse was for the whole city of Westminster), was most grateful for their interference. Considering the history of this building, one is not surprised to hear that the parish authorities have taken refuge in a stable. But for your correspondent's letter they would probably remain as contented with it as with the former shed. It may not be amiss, therefore, to remind sojourners in Westminster of the locality of this stable, and, moreover, of another use of a deadhouse, to which I have not alluded.

Great St. Ann street (not St. Andrew street) is a choice locality leading from Orchard street to Great Peter street, Duck lane and Old Pye street being its tributaries. Even to outsiders these names are not unfamiliar as haunts of thieves, ticket-of-leave men, tramps, and prostitutes.

Every person dying suddenly in any public place is by law conveyed to the deadhouse of the parish, and there remains until an inquest has been held. The subject, therefore, is of some interest to the many who pass their time in Westminster, but who never heard of St. Ann street. For instance, members of the Legislature, who are but mortal, will hardly like the prospect of even a temporary stay among the undertaker's horses. I am, &c.,

WESTMONASTERIENSIS.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 6.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Adjourned Discussion on Dr. Greenhalgh's paper "On Placenta Prævia."—Mr. Gant: "Dissection of the Uterus in a Case of Placenta Prævia."—Dr. Wynn Williams, "On Missed Labour."

THURSDAY, JULY 7.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 8.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 9.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JULY 11.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JULY 12.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Half-Yearly Abstract, vol. xxxix., January to June, 1864. London: John Churchill and Sons, New Burlington street.

On Combined External and Internal Version. By J. B. Hicks, M.D., F.R.S., &c. London: Longman and Co., Paternoster row.

On Poisoning by Diseased Pork; being an Essay on Trichinosis, or Flesh-worm Disease: its Prevention and Cure. By Dr. J. Althaus. London: John Churchill and Sons.

The Glasgow Medical Journal. No. XLVI., July, 1864.

The Ophthalmic Review. No. 2. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

MR. J. JONES.—The letter is inserted.

MR. L.—The Reports shall be inserted.

THE OBSTETRICAL SOCIETY.—The notice has been received.

THE ROYAL INSTITUTION.—The notice has been received.

MR. S. M.—The subject shall receive attention.

MANNINGTREE.—We repeat that if the 'Lancet' advised any Poor-law Guardians to make all the Medical men of a district public vaccinators, the advice was bad, and calculated to retard rather than promote the cause of successful vaccination. It is absolutely necessary that a few competent persons should be appointed in each district, whose duty it should be to vaccinate at stated periods, and to perform the operation, as far as possible, from arm to arm: and this most necessary practice is impossible where a multitude of vaccinators are appointed. We make these observations without any personal application, knowing that the views we advocate are correct, and that they ought to be acted upon throughout the country.

A SUFFERER.—We strongly advise you to beware of the advertising quacks, whose practices are a disgrace to our country and our boasted civilisation, and ought to be suppressed by the strong arm of the law.

DR. L.—We have not received the papers alluded to, or we should have published the report.

RUSTICUS.—You cannot make yourself a botanist in a day or a month, but very much may be done during the summer vacation with the help of some good text-book. Lindley's 'School Botany' is a very good book to begin with.

F.L.S.—It is certainly a matter of taste, on which we do not feel ourselves called upon to offer an opinion. *De gustibus non disputandum.*

DR. B.—The subject shall be noticed as soon as our arrangements will allow.

MR. GRIFFIN'S letter is inserted.

DR. G.—The letter is received.

DR. KIDD'S letter shall appear next week.

A MEDICAL STUDENT.—Mr. W. Acton, 46 Queen Anne street, Cavendish square.

OUR article on the British Pharmacopœia is unavoidably postponed until next week.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 392.)

Endocardial Murmurs.—Organic Murmurs.—Having previously pointed out the principal distinctions existing between murmurs arising from functional causes and those produced by organic disease, I next proceed to describe, as far as possible, the exact nature of the organic lesions which give rise to cardiac murmurs, and the special seat of disease which is indicated by those abnormal sounds heard on certain external parts of the præcordial region. In this department of practical medicine, a remarkable degree of accuracy has been attained; and thanks to the repeated examinations made and recorded during life, as compared with the appearances observed after death, the seat of disease within the heart may be determined almost as exactly as if the parts were exposed to view. But while the seat of the disease may thus be very accurately ascertained by stethoscopic examination, its extent or severity can unfortunately by no means be predicated with equal certainty, nor, as has before been remarked, can the loudness or the distinctness of a murmur be regarded as a necessary exponent of its pathological importance. All we can assert is, that the presence of a murmur heard at a certain time, or over a given spot, indicates very accurately both the seat of endocardial disease, and the nature of the obstacles which the blood encounters in its onward passage through the cavities of the heart.

It may be stated generally that organic cardiac murmurs arise from two distinct causes—namely, from the obstruction offered to the passage of the blood, or from its regurgitation through apertures which it has once already passed. The seat of these murmurs is now almost universally admitted to be the cardiac valves, although it was once supposed that the abnormal sounds might be caused by disease of the heart, independent of valvular lesion. The valvular affections giving rise to the murmurs may be classed under the two heads of *contraction* and *insufficiency*, the former condition offering an impediment to the flow of blood, the latter allowing the blood to flow back through the floodgates which ought to have arrested its progress.

By reference to the normal action of the heart and the synchronism of its movements, the significance of the morbid sounds will be easily appreciated. The murmur may be heard coincidently with the first sound, or with the second, or with both; it may be heard over the region of the aortic valves or over that of the mitral valves. These are the valves most commonly affected with disease, but it should be recollected that the pulmonary semilunar valves and the tricuspid valves *may* be affected also, and that the former lie on the same plane with the aortic valves, and the latter on the same plane with the mitral valves. The tricuspid valves, however, lie more on the right side than the mitral.

Now, a murmur heard with the first sound of the heart is synchronous with the contraction of that organ, and is consequently named a *systolic* murmur. At this period, in the healthy heart, the blood is propelled by the muscular walls of the heart through the orifices of the aorta and the pulmonary artery; and on the other hand, it is shut off from the cavities of the auricles by the closure of the mitral and tricuspid valves. But if the aortic or the pulmonary semilunar valves are contracted, or if the mitral and tricuspid valves are incompletely closed, then the blood will be obstructed in its passage through the first, and will regurgitate through the second. Therefore a murmur heard with the first sound of the heart will indicate either a contraction of the aortic or semilunar pulmonary valves, or an insufficiency of the mitral or tricuspid valves.

But if the murmur accompanies or replaces the second sound of the heart, it is synchronous with the dilatation of the organ, and is called a *diastolic* murmur. During the diastole, the blood is passing from the auricles into the ventricles through the mitral and tricuspid valves, while at the same moment the aortic and pulmonary semilunar valves are closed to prevent the reflux of the blood, which has been propelled by the ventricular contraction into the aorta and pulmonary artery. Hence, if the auriculo-ventricular orifices are contracted, and if the valves of the aorta and the pulmonary artery are insufficiently closed, the blood will be obstructed in the first case, and will regurgitate in the second. But practically it is found that a diastolic murmur almost always indicates an insufficiency of the arterial valves, because the blood does not pass through the auriculo-ventricular apertures with sufficient velocity and force to produce an audible sound.

Thus it has been shown that a murmur with the first sound indicates either contraction of the arterial or insufficiency of the auriculo-ventricular orifices; and a murmur with the second sound indicates an insufficiency of the aortic or pulmonary semilunar valves. The distinction will be drawn by reference to the region over which the abnormal sound is heard. The aortic and pulmonary semilunar valves are placed on the same level, and the mitral and tricuspid valves are also placed on the same level; but the level of the former is considerably higher than that of the latter, and hence it is now admitted as a general rule, that a murmur heard over the base of the heart indicates disease of the aorta or pulmonary artery, and that a murmur heard over or towards the apex of the heart indicates some morbid condition of the mitral or tricuspid valves. It should be further remarked that, when the aortic valves are the seat of disease, the murmur is often prolonged into the arteries; while in disease of the mitral and tricuspid valves, the murmur is more confined in its limits.

Thus, a murmur with the *first* sound, heard over the base of the heart, at the upper third of the sternum, and prolonged into the arteries, will indicate contraction of the arterial orifices; while a murmur with the same sound heard over the apex of the heart will indicate insufficiency of the mitral or tricuspid valves. A murmur with the *second* sound, which is usually heard only over the base of the heart, indicates a disease of the aortic valves, and affords evidence of insufficiency of those structures.

"In the majority of cases," says Dr. Bellingham,* whose remarks are borne out by general observation, "the *bruit de soufflet* is heard at the period of the ventricular systole, and replaces or accompanies the first sound of the heart; the force with which the blood is propelled by the left ventricle being much greater than that with which it enters it, the friction between the blood and the parts along or through which it passes must be much more considerable during the former action than the latter. In the former it is generally sufficient to generate a murmur, in the latter it only occasionally does so; and when a murmur is developed, it has a different character. For instance, when the mitral valve or orifice is diseased, so as to permit regurgitation, a *bruit de soufflet* will be heard at the period of the ventricular systole, which quite obscures the normal first sound of the heart; when the aortic valves permit regurgitation, a *bruit de soufflet* is audible at the period of the ventricular diastole, which likewise obscures the normal second sound of the heart. But the two murmurs have a different character—that which accompanies mitral regurgitation is usually loud, strong, and blowing; that which accompanies aortic regurgitation is usually soft and whispering, because the force with which the blood is propelled from the ventricle is much greater than that with which it enters it."

(To be continued.)

* 'A Treatise on Diseases of the Heart.' By O'B. Bellingham, M.D. 1853. Page 143.

SCIENTIFIC ARTICLES.

ON THE ACTIVE PRINCIPLE OF THE CALABAR BEAN.

The active properties possessed by the *Physostigma Venenosum*, or Calabar bean, have led chemists to suppose that these seeds owed their characters to the presence of an alkaloïd even more powerful than strychnia; and in fact, MM. Jobst and Hesse, of Stuttgard, have discovered an alkaloïd which they call *physostigmine*. According to their researches, the active principle of the seeds resides only in the cotyledons. They obtained it by treating the beans with alcohol, and then taking up with ether the residue remaining after the evaporation of the alcoholic solution. The ethereal solution, afterwards evaporated, left pure *physostigmine*, or as some have proposed to call it, *Kalabarine*. The alkaloïd appears as an amorphous brownish-yellow mass, and is at first separated under the form of oily drops. It is readily soluble in ammonia, caustic and carbonated soda, ether, benzine and alcohol, but less soluble in cold water. It is entirely precipitated from its ethereal solution by animal charcoal. The aqueous solution has a slightly burning taste, a decided alkaline reaction, and gives an abundant reddish-brown precipitate with iodide of potassium, and a precipitate of hydrated oxide of iron with a solution of chloride of iron; and fused with hydrate of potash, it disengages vapours which have a strongly alkaline reaction. Acids dissolve it easily, giving rise to solutions of salts which generally present a dark red colour, and more rarely a dark blue. The hydrochlorate of physostigmine gives whitish-red precipitates with tannin; pale yellow with chloride of platinum; bluish with chloride of gold, the metal being reduced; and reddish-white with bichloride of mercury. Twenty-one beans yielded only a small quantity of alkaloïd.

Two drops of a watery solution of the alkaloïd, placed upon the eye, caused contraction of the pupil, at the end of ten minutes, to about a twentieth of its primitive diameter; the pupil remained in this state about an hour, and at the end of from four to six hours it resumed its original dimensions. Taken internally, physostigmine is as poisonous as the most dangerous cyanides. A quantity of the alkaloïd corresponding to one bean having been administered to a rabbit, at the end of five minutes the animal fell down, remained motionless, and died twenty-five minutes afterwards, or about half an hour after having swallowed the poison.

Physostigmine causes contraction of the pupil even in the eye of an animal which has been dead for some time. Two drops of the watery solution having been placed upon the eye of a rabbit an hour after it had been killed by mechanical means, it was ascertained that the pupil was contracted by one quarter as compared with the opposite eye. A rabbit killed by physostigmine did not present this phenomenon; but it was ascertained to occur in a slight degree in another animal poisoned by cyanide of potassium. Hence it appears that the muscles, even after death, are still susceptible of being influenced specifically, not only by the galvanic current, but also by physostigmine.—Dr. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'Brit. and Foreign Medico-Chirurgical Review.'

IODINE AS A DISINFECTANT.

A paragraph has been going the round of the public journals, having reference to Dr. Richardson's paper, read at the Newcastle Meeting of the British Association for the Advancement of Science. This has led to various inquiries as to the mode in which iodine should be used. The following facts may therefore be useful:—

1. Iodine is a metalloid, resembling much the scales of iron that fall from the blacksmith's anvil. It may be bought at the price of eightpence an ounce.

2. It is soluble in spirit, and may be used as a solution in spirit, in which case rags are dipped into the solution, and suspended in the room requiring to be disinfected. But the most simple way is to use it in the solid form, or in extreme cases in the form of vapour. Used in the solid form it is simply necessary to place one drachm, or the eighth part of an ounce, of iodine in a cup, glass vessel, or common chip box, and covering the vessel over with a piece of gauze or muslin, to place it on the mantelshelf of a room. Or a little iodine may be placed in a china or glass ornament on the mantelshelf. In time the iodine thus placed becomes diffused throughout the air of the apartment, which it thoroughly disinfects if any organic matter be present. When rapid disinfection is called for, the iodine may be placed on a porcelain or a common plate or saucer, and the heat of a candle may be applied underneath. The iodine is thus driven off in a violet-coloured vapour, which quickly diffuses through the air of the room, and immediately destroys all the organic products which are the cause of the disagreeable odours.

3. Iodine acts in the same manner as do chlorine, bromine, and active oxygen or ozone. It is nearly as powerful as chlorine, and when diffused by means of heat quite as powerful. It is much more readily applied than any other disinfectant, and does not seem to be deleterious, as chlorine is to animal life. It also appears to produce no deleterious effects on gilded and metal surfaces. Indeed, it may be placed in the solid form, in the way described, in every room in a house.

4. Iodine must not be understood at any time as replacing ventilation, for it has no chemical influence on the product of breathing known as carbonic acid, and it would be a mistake to suppose that because it destroys the bad smell of a close apartment, it prevents the necessity of opening the windows. But combined with good ventilation, it destroys organic impurities, and gives a freshness to the air of a house, like that which is experienced in the air passing over the sea. Indeed, it has been assumed that in sea air iodine is present, and that the value of sea air depends on this circumstance.

5. Iodine may be used successfully for another purpose, viz.: in cases where the breath is very fœtid. The metalloid may be placed in a common smelling bottle, and may be occasionally inhaled to such an extent as not to produce dryness or soreness of the nostrils or throat. We have known it thus applied with great and immediate advantage, and have found it destroy almost at once the disagreeable odours arising from the eating of onions and from smoking tobacco. We have also recently used it, on the suggestion of Dr. Wynn Williams, as an application to fœtid and indolent ulcers and sores on the human body. In hospitals, at the instance of Mr. Hoffman, of Margate, it is now employed in the beds of the sick in some cases, as where there are extensive bed sores. In these cases, the chip box is employed; the box containing the iodine, and covered with muslin, being placed under the bed-clothes. To this process there is one objection,—the sheeting becomes tinged of a brownish colour; the discolouration is easily removed, however, by washing the sheets with a little soda. In a word, iodine may be considered as the readiest and the best of all disinfectants; and as its supply is unlimited, we may expect to see it taking an important commercial position as a disinfecting agent.

Messrs. Garden and Robbins, chemists, of Oxford street, have recently undertaken to supply all the necessary and simple apparatus for the purposes named above.—'Social Science Review.'

ON THE CHEMICAL, PHYSIOLOGICAL, AND THERAPEUTICAL PROPERTIES OF IODOFORM.

Dr. Righini's researches in relation to iodoform have shown that this substance is superior to the other preparations of iodine, in possessing anæsthetic as well as antiseptic and antimiasmatic properties. Morétin and Humbert, as well as A. Maitre, have proved that iodoform may, in consequence of the large proportion of iodine which it contains, be substituted for the other preparations of iodine, as well as for iodine itself, in all the cases where this medicine is indicated; and they have also shown that the therapentical application of iodoform possesses the advantage over the other preparations of iodine in not causing either the local irritation or the other unfavourable symptoms

which sometimes necessitate the discontinuance of this drug. Iodoform, in its chemical relations, resembles chloroform, being a teriodide of formyle, and it is prepared by the mutual action upon one another of iodine, alcohol, carbonate of soda, and water. It forms bright yellow, friable, soft scales of a slightly pungent taste, and having a smell of garlic. It evaporates in the air in small quantities at a low temperature, and sublimes at a higher one; and at 120° the vapour is decomposed into carbon, hydriodic acid, and iodine. It is very slightly soluble in water, but is easily dissolved in alcohol and ethereal oil.

A series of experiments was instituted to ascertain the presence of iodine with animal fluids and the excretions of persons who had been treated with iodoform. It was found in the blood of a woman who had been successfully treated for a swelling of the thyroid gland, followed by acute inflammation, and in the saliva and the sweat of several persons who had taken iodoform. It was discovered in the milk of nurses who had had iodoform administered for the purpose of acting therapeutically upon their scrofulous and rachitic nurslings. It was also found in the tears, the mucus of the nose, the menstrual blood, and in the urine, and even in the bile, the fæces, and the liquor amnii. By the administration of iodoform internally, an increase of the secretions of the liver and pancreas was observed, and still more of the secretions of the salivary glands and the kidneys. Emaciation was never observed, but, on the contrary, a slight increase of the deposition of fat. The tongue and œsophagus were not irritated by iodoform, and the mammary glands were not made sensitive and painful, as in the employment of iodide of potassium or iodine itself.

Iodoform may be given without danger in doses amounting to three grammes daily, but after very large doses Maitre observed appearances of iodism. In the lower animals it is poisonous in large doses. When employed internally, iodoform combines partly with the proteinaceous substances to form soluble albuminates, which are easily absorbed, and partly with starch, if the latter is used with food, to form iodide of starch, under the influence of the gastric juice, and probably to be expelled undigested with the fæces.

A long list of diseases is given in which iodoform is said to have been administered with advantage, as tubercle, scrofula, disorders of menstruation, tumours, stoppage of the secretions in the uterus and the breasts, impotence, ozæna, ophthalmic blennorrhœa, obstinate exanthems, periostitis, tuberculous affections of the skin and mucous membranes, deep ulcerations, &c. It is also stated that iodoform in solution in alcohol is used with advantage externally in chronic neuralgia, lumbago, and rheumatism. Suppositories are recommended containing oil of cacao and iodoform. Iodoform cigarettes, made of belladonna leaves and iodoform, are also described, together with liniments, salves, and gargles, in which this substance forms a constituent.—Dr. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

HOSPITAL REPORTS.

KING'S COLLEGE.

CASE OF DISEASE OF THE FEMUR.

(UNDER THE CARE OF MR. HENRY SMITH.)

G. C., æt. nineteen, was admitted on 21st January, suffering from disease of the right femur.

History.—He states that four years ago, whilst working as an engine-cleaner, his right leg was caught by some portion of the machinery, the result being a wound in the inner part of the thigh, and at the upper part of the front of the leg. He was an in-patient at St. Thomas's Hospital for eight months, and went subsequently to Margate for seven months. The leg recovered itself perfectly, and occasioned him no inconvenience until about six weeks since, when one morning a stiffness suddenly came on, which increased towards night, and was attended with so much pain that he was obliged to lie up from it. The treatment adopted upon this occasion consisted of poultices applied to the whole of the inner part of the thigh; a large abscess pointed and burst on the fourth day from that on which he felt the stiffness and the pain; there has been a copious discharge of pus ever since, but the leg has not been painful.

On the 18th of January, an ulcer broke out just above the original opening, which was healing; the discharge escapes chiefly from the more recent aperture, which is now about the size of a shilling.

Jan. 31st.—Left the Hospital this morning. There is still a healthy ulcer, and it is healing up rapidly. The sinus has closed up altogether.

CASE OF SEBACEOUS TUMOUR.

E. D., æt. twenty-four; married; was admitted on Jan. 23rd as a patient, from a sebaceous tumour the size of a small walnut, and situated on the left cheek. She first noticed it twelve years ago, and since that time it has been growing gradually, sometimes, however, decreasing in size for a short interval and then again increasing.

Jan. 24th.—To-day it was removed by Mr. Smith.

Feb. 7th.—No bad symptoms having arisen since the operation, the patient was to-day dismissed, cured.

REMARKS ON DISEASES OF THE FEMUR.

Under the head of "Diseases of the Femur," we would include that form of morbus coxæ which originates in the head of the thigh-bone. The affection, though not altogether peculiar to children of a strumous diathesis, is yet most frequently met with in such subjects.

The disease commences in the head of the femur, and in many instances is in the beginning attended with little else than a feeling of stiffness or fulness in the joint; this sensation is succeeded by the acute pain which characterises the disease. The affection consists in a deposition of true tuberculous matter into the cancellous structure of the head and neck of the bone; this tuberculous deposit is of a soft and friable nature, and of a yellowish colour, and is analogous to the cheese-like deposit which occurs in various organs involved in strumous disease.

The symptoms are not at all well marked, and increase or become aggravated by very slow degrees; they are not of the acute character, assuming rather the subacute form. They will be generally found to be as follow:—The child is observed to walk and run in an unaccustomed manner; the gait, instead of being natural, becomes unsteady and shuffling; the child limps rather than walks; the knee is somewhat bent; the foot is not laid upon the ground, but the entire weight of the body rests upon the opposite foot and leg, or is supported partly by these and partly by the toes of the unsound limb. In walking, the child will be noticed to trip frequently, as though the floor or carpet were uneven; and when it runs, the limb of the affected side is raised from the ground, and the little patient hops, instead of using both the legs.

The unsound limb itself is apparently—but not really—shorter than that of the opposite side; there is eversion, abduction, and a flexing of the leg upon the thigh, so that the knee is slightly bent.

The apparent shortening of which we have just spoken is dependent upon, not any organic or actual structural change in the femur, in the pelvis, or in the soft tissues by which they are surrounded, but on the raising of the foot from the ground and the consequent elevation of the entire limb, in which elevation the pelvis participates and will on inspection be found to be placed obliquely; its anterior superior spine being turned forwards and placed on a level higher than the same process holds on the opposite side.

The spinal column will also be found to deviate from its normal curvatures; but this condition exists not from any actual disease, but merely from the elevation of the foot.

The shortening takes place early in the disease. It can easily be ascertained to be an apparent and not a real shortening; this is best done by taking the measure of the limb from the anterior superior spine to the knee-joint, or rather to the outermost edge of the patella; and, again,

from this point to the malleolus. Moreover, the obliquity of the pelvis is readily to be detected by placing the child on its back in bed, and then instituting an examination; and by keeping the child confined to bed this apparent shortening gradually passes off and is succeeded by an apparent lengthening, the cause of which is a lowering of the pelvis on the diseased side.

The knee-joint of the unsound limb is, in many instances, swollen and puffy, and the patient is often found rubbing it, as though all the disease were situated in it; it may, in fact, be so altered from its natural condition, and may be the seat of so much uneasiness and positive pain, that the surgeon, unless he be upon his guard and make a very careful examination, may easily fall into error, and, making a wrong diagnosis, may pronounce a wrong opinion as to the ailment of the child.

These are the objective symptoms; and the subjective will now be passed in review, and be brought under our consideration. They are:—A constant and dull aching pain in the region of the hip-joint; this may or may not have been preceded by a somewhat acute, stinging, darting pain in the same region. The pain, of what character soever it may be—but especially in the more advanced stages of the disease—is always increased by rotation of the limb, by abduction, by percussion on the heel or on the trochanter, or by deep pressure in front of the joint over the pectinæus muscle; it is also aggravated by walking, or even by any use of the limb, be it ever so gentle. There is likewise pain experienced in the inside of the knee-joint; and there is also some tenderness, owing to exalted cutaneous sensibility. This pain and this tenderness are communicated from the hip-joint through the medium of the articular branch of the obturator nerve, which, becoming engaged in the morbid action, sends to the knee, by means of a long descending branch, the peculiar pain, indicative of such morbid action, and of the implication of the trunk of the nerve in the same.

In making our examination of the spine, we cannot fail to notice that the buttock of the affected side is flattened, its natural fold obliterated, and that it is flabby to the touch, and is seemingly wider than before the disease invaded the joint, and that its natural fulness is lost. In the female the vulva of the unsound side hangs lower than it does on the unaffected side.

The disease progresses; abscesses form; the health becomes evidently impaired; the matter determines to the outer or inner side, to the back or front, of the joint: if to the back, it insinuates itself under or between the glutei muscles, and, after burrowing between these, points in the integument of the buttock; if, however, the pus determine anteriorly, it gets under the pectinæus, and causes excessive pain to the patient from the compressive force it exercises upon the obturator nerve. This pain is chiefly experienced down along the inner aspect of the thigh.

The limb now becomes really shortened; and this is due to degeneration and atrophy of the entire limb, or to an increase in the disorganisation of the bone, the processes of absorption and disintegration becoming the more complete as the disease continues; or to a dislocation of the head of the bone upon the dorsum ilii, or to a combination of all these conditions. At this time also, besides the shortening, there is an alteration in the position of the limb, the foot and thigh being inverted and adducted.

This alteration is occasioned by the fatty degeneration and subsequent absorption of the external rotators and abductors, as well as by the formation of collections of matter, which, acting as a stimulus to the muscles in the vicinage of which it lies, alters their normal action, and brings them into more powerful play; again, the adductor muscles, having lost all counterbalancing power, act unopposed, and so draw the limb upwards, at the same time that it is turned inwards and forwards. Unless active measures be adopted for the treatment of the diseased conditions, the health quickly succumbs beneath the combined lowering influences of hectic fever and discharges from the abscesses.

CRITICAL AND ANALYTICAL REMARKS

ON

THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. XX.

Leaving Calomelas to be noticed with the other mercurial salts and compounds, we come next to

CALX CHLORATA, the new name for Calx Chlorinata of former Pharmacopœias, and the Chloride of Lime of commerce. No directions for the preparation of this compound are given in the British Pharmacopœia, which seems strange, when we see the book to contain elaborate directions for slaking lime. Chloride of lime, however, as everybody knows, is made in this country in enormous quantities, by exposing freshly-slaked lime to an atmosphere of chlorine. When this is done, several reactions take place. Some of the lime parts with its oxygen, which unites with some chlorine to form hypochlorous acid, which again immediately combines with lime to form hypochlorite of lime, the deoxidized calcium uniting with chlorine to form chloride of calcium—

$$2\,(Ca\,O,\,H\,O) + 2\,Cl = Ca\,Cl + Ca\,O,\,Cl\,O + 2\,H\,O.$$

The lime must always be in excess; and thus, as the Pharmacopœia states, calx chlorata is a mixture of "hypochlorite of lime, chloride of calcium, and a variable amount of hydrate of lime." The value of chloride of lime, both as a medicinal and a bleaching agent, depends upon the amount of *available* chlorine it contains, which is, of course, only that present in the form of hypochlorous acid. This is ascertained indirectly by determining the amount of iodine which a known weight of the bleaching powder will set free from iodide of potassium. Ten grains of the powder, the Pharmacopœia says, when mixed with thirty grains of iodide of potassium dissolved in four ounces of water and acidulated with two drachms of hydrochloric acid, gives a red solution, which should require at least 85 measures of the volumetric solution of hyposulphite of soda to discharge the colour. This will indicate at least 30 per cent. of available chlorine in the sample, which is about the average amount in fresh well-made specimens of the compound.

The chemical changes which take place in performing the above test are as follows:—The chlorine liberated by hydrochloric acid sets free an equivalent amount of iodine from the iodide of potassium, and when hyposulphite of soda is added to a solution of iodine in iodide of potassium, iodide of sodium and tetrathionate of soda are formed—

$$2\,(Na\,O,\,S_2\,O_2) + I = Na\,I + Na\,O,\,S_4\,O_5.$$

LIQUOR CALCIS CHLORATÆ.—From what has gone before, it will be seen that this preparation is a solution of hypochlorite of lime, chloride of calcium, and a small amount of lime in water. The fluid ounce will contain about 44 grains of the chlorinated lime, and to answer the Pharmacopœia test should yield 13 grains of available chlorine.

LIQUOR CHLORI.—This is simply a saturated solution of chlorine in water, which, at ordinary temperatures, will retain twice its volume of the gas. It constitutes a yellowish green liquid which smells very strongly of chlorine.

The solution is made by passing slowly a current of chlorine through the water. The chlorine is to be obtained by gently heating in a flask binoxide of manganese with hydrochloric acid, when the following changes take place:

$$Mn\,O_2 + 2H\,Cl = Mn\,Cl + 2\,HO + Cl.$$

One fluid ounce of the solution, to which 20 grains of iodide of potassium have been added, should require 75 measures of the solution of hyposulphite of soda for its decolorization, which will indicate the presence of about 26 grains of chlorine.

CHLOROFORMUM.—Chloroform, we may state briefly, is obtained by distilling a mixture of water, rectified spirit,

slaked lime, and chlorinated lime. When these are heated together, some complex changes take place. In the first of these it is supposed that chloral ($C_4 H Cl_3 O_2$) is produced, and this, on coming in contact with hydrate of lime, produces chloroform and formic acid, the latter combining with the lime :—

$$\underbrace{C_4 H Cl_3 O_2}_{\text{Chloral.}} + Ca O, HO = \underbrace{C_2 H Cl_3}_{\text{Chloroform.}} + \underbrace{Ca O. C_2 HO_3}_{\text{Formiate of lime.}}.$$

Other changes, however, take place as well, which result in the production of some heavy volatile oils which are removed from the crude chloroform by treating it with sulphuric acid.

We need not go further into the chemistry of the formation of this important medicine, but proceed to what are of more importance to the practitioner—its characters and the tests for its purity.

It is a limpid colourless liquid, of an agreeable ethereal odour and sweet taste. The Pharmacopœia adds that it mixes with ether and alcohol in all proportions, but this is not quite correct. Mr. Squire gives the following list of solubilities :—"In rectified spirit, 10 in 6; in ether, 10 in 70; in water, 10 in 2,000; freely in olive oil and spirit of turpentine. Does not dissolve in glycerine."

The impurities in chloroform arise from two sources, carelessness in the manufacture and fraud. In the first case, chloroform may be supplied which has never been submitted to purification, or has been but imperfectly purified. This may contain alcohol and empyreumatic oils, which latter will be more abundant when the chloroform has been prepared from methylated spirit. They will be detected by sulphuric acid, which becomes coloured when agitated with chloroform containing them. They will also leave an unpleasant odour when chloroform contaminated with them is evaporated.

Alcohol, which may also be a fraudulent addition, will be detected by adding to the suspected chloroform a small quantity of sulphuric acid and a fragment of bichromate of potash, whereby a green colour will be produced by the reduction of the chromic acid. An easier method of discovering the presence of alcohol is by dropping a little chloroform into water. If it is pure, the chloroform remains clear; but if alcohol is present, the surface of the globules becomes opalescent. Potassium, which the Pharmacopœia gives as a test, will reveal the presence of alcohol and any other oxygen compound by causing the evolution of hydrogen and the coloration of the liquid.

In all cases, however, the specific gravity will be a tolerably accurate test of purity. The Pharmacopœia puts it at 1·496 at 60° Fahr.; and we need only state that it should never be below 1·490, nor above the Pharmacopœia standard.

It is only necessary to add that the vapour of chloroform should never be administered without first ascertaining, by means of test paper, that it gives no acid reaction. Under some circumstances, not well understood, chloroform undergoes spontaneous decomposition, resulting in the liberation of hydrochloric and other chlorine acids, which have produced seriously prejudicial effects on the patient.

REVIEW OF BOOKS.

Transactions of the Obstetrical Society of London. Vol. V., for the Year 1863. With a List of Officers, Fellows, &c. Pp. 325. London: Longman and Co. 1864.

The present volume of the 'Transactions' of the Obstetrical Society is in every respect equal to its predecessors in the generally interesting nature of its contents, and in the record of cases of special importance or rarity. We are happy to find that the condition of the Society itself is very prosperous, that its meetings are numerously attended, that its finances are flourishing, that its sphere of operations is extending, and that its list of fellows and contributors comprehends practitioners in all parts of the world. It appears that the library of the Society is rapidly increasing in extent, by the donations of the members, among whom Sir Charles Locock and Dr. Clay have been lately the most conspicuous benefactors, and that it is now desirable to find a place for the reception of the books and a librarian to take care of them. In the annual address of the President it is mentioned that the object of the Society is not to rival existing general medical libraries in the richness and extent of the collection, but to form a library of purely obstetrical works, which would be specially available for those who are engaged in the practice of midwifery.

Among the general subjects, that of ovariotomy occupies, as may be expected, a prominent position; and Dr. Clay contributes an interesting paper containing the results of his experience in this operation, together with a very interesting case in which the uterus and its appendages were entirely removed with complete success; and a second case of the same kind is alluded to in which the result might have been equally successful but for an unfortunate accident which happened to the patient as she was recovering. The employment of chloroform and other anæsthetics in midwifery practice forms the subject of an important discussion following a paper by Dr. Kidd, the general feeling appearing to be that the use of these agents was justifiable, and that it was not followed by any untoward results. It was not maintained that they should be always employed, but they were considered to be very valuable in difficult cases, and in puerperal convulsions they were found generally useful in quieting the system. Dr. Skinner, of Liverpool, recommends in one of the papers the employment of Faradisation, or the local application of the galvanic current as a galactagogue, and relates eight cases in which this plan was employed with success. Dr. Clay describes some cheap and simple appliances, in the form of wire-loops, horse-shoe wires, &c., for correcting anteversion, retroversion, obliquities, and prolapse of the unimpregnated uterus, the paper calling forth a variety of remarks upon mechanical uterine supports in general, Dr. Oldham expressing his disbelief in their efficacy altogether.

Among the cases of special interest are some very rare and curious instances of abnormal conditions of the generative apparatus in women; in one there was a double pregnancy, one uterine, and the other extra-uterine or fimbrial, both advancing simultaneously to the full period of gestation, the result being fatal, one child having been born during the woman's life, the other being found after death in the peritoneal cavity. Other cases are recorded of tubal gestation, and extra-uterine fœtation, in which the real nature of the abnormity was revealed after death; and a case of Cæsarean section is described, in which the usual result of the death of the mother supervened, but the infant survived.

We must not omit to notice that the volume is very well got up, and the illustrations are numerous and admirably executed.

On Combined External and Internal Version. By J. Braxton Hicks, M.D., F.R.S., one of the Lecturers on Midwifery and Diseases of Women at Guy's Hospital, &c. Pp. 72. London: Longman and Co. 1864.

The subject of this memoir was originally brought forward in the pages of a contemporary some years ago, and again before the Obstetrical Society during the past year, when the plan proposed by the author was received with favour by the members present. Since that time a considerable part has been re-written, new illustrative cases added, and the whole matter brought up to the present time. Those who are unacquainted with the practice now proposed by Dr. Hicks may be informed that it is an improvement upon the old method of turning in preternatural labours, and that its novelty consists in the use of both of the practitioner's hands, one within the uterus and the other outside the abdominal walls, by which means the fœtus is turned into a position convenient for delivery. The merit of originating this plan is due to a German physician named Wigand, who published an essay in 1807, recommending the practice alluded to. The title of the essay is, 'Von einigen ausseren Handgriffen, wodurch man, unter der Geburt, die regelwidrigen Lagen der Frucht verbessern Kann' 'Of some External Manipulations, by which, during Childbirth, the Preternatural Position of the Fœtus may be

rectified'); but great merit is due to Dr. Braxton Hicks for the able manner in which he has carried out the plan proposed, and has explained its applicability in certain cases. It is not maintained that this method is intended to supersede the necessity of turning in preternatural labours, but it is argued that there are certain instances in which it is safe and efficacious; and Dr. Hicks gives a very good summary of the reasons which justify its adoption in special cases.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor FERGUSSON continues his "Lectures on the Progress of Anatomy and Surgery during the Present Century," and an abstract of the present discourse we give in another place.——Mr. BAKER BROWN continues his "Lectures on Some Diseases of Women remediable by Operation," his present lecture being on uterine hæmorrhage, and the treatment consisting in incising the mouth and neck of the uterus. Several cases are described, in which this treatment was successful; but in one there was recurrent fibroid tumour which was removed by a series of operations, and perchloride of iron was subsequently employed locally as an astringent.——Mr. MCWHINNIE contributes "Some Observations on Certain Tumours of the Neck, with Notes relating to its Surgical Anatomy." He shows the danger of making an incision low down in the neck for the relief of various urgent symptoms, and relates a case in which a medical man, in his desire to restore life by admitting air into the lungs of a person who had been some time immersed in water, plunged a penknife into the trachea. As it happened, the patient was quite dead, but, on inspection of the body, it was found that the blade of the knife had entered the left brachio-cephalic vein. In another case, a scalpel was thrust through the middle of the neck into the trachea, to relieve urgent dyspnœa supposed to arise from some obstruction in the larynx; great bleeding followed and death very soon ensued. It was found, on examination, that the isthmus of the thyroid body had been cut, and the trachea was filled with blood; but the original cause of disease was ascertained to be a large aneurism of the aorta, pressing upon the bronchi. As a general rule, Mr. McWhinnie recommends the incision to be made high up in the neck, when it is desirable to open the trachea, and after laying bare the cricoid cartilage, to cut immediately below this cartilage, and to cut some of the upper rings of the trachea. This operation is necessary in several urgent cases of disease; but Mr. McWhinnie does not speak very highly of tracheotomy in croup.

THE 'MEDICAL TIMES AND GAZETTE.'

We now give an abstract of the fifth lecture of Professor FERGUSSON, "On the Progress of Surgery during the Present Century," as reported in the present number of the 'Medical Times and Gazette.' The lecture begins with a review of those operative measures which constitute Conservative Surgery. Another and a just meed of praise is bestowed upon Mr. Syme for his having laboured, and that, too, successfully, for bringing in and establishing as legitimate operations excision of the elbow-joint and removal of the head of the humerus. To the strenuous exertions of Mr. Hancock in the field of Preservative Surgery, reference is likewise made; and his name is brought forward especially in connection with excision of the ankle and hip joints. The rest of the lecture is professedly devoted to the interesting subject of excision of the knee-joint. The striking differences in the lower from the upper extremities, both as regards their use and their conformation, and also their difference in man when compared with the hinder extremities of other animals, are pointed out. The advantages gained by amputation of a limb in cases where hectic was running the patient to a rapid end are touched upon, not, however, for the purpose of dilating upon them, but rather to show more plainly the superiority of the excision to the amputation. In the review of the history of excisions, the name of Parke, the originator of such operations, stands, as of course it should, at the head of the list, and is succeeded by that of the elder Moreau, who, in the year 1797, performed the excision of the elbow-joint which had been proposed by Parke fifteen years previously. In the year 1792, Filkin, of Northwich, successfully excised the knee. The name of Justamond is mentioned in reference to partial excision of the elbow. The efforts of Parke and Moreau were renewed by Hewson, Crampton, and Syme; but while excision of the elbow became established in Surgery, extirpation of the knee fell into disrepute, till it was revived by Mr. Fergusson in 1850, and by Jones, of Jersey, about the same time. Professor Fergusson's first case died of acute necrosis of the femur; Mr. Jones's were more successful, only one out of fifteen being attended with fatal results. Excision of either of these joints is a formidable undertaking, but that of the elbow is especially the coarser, though the same operation on the knee looks to the novice of far greater magnitude. The incomparable benefits to be derived from excision of the knee in cases of diseases of that joint, instead of performing the old operation of amputating the thigh, are made particularly to engage attention. The operation has been more frequently performed in the smaller cities and in provincial towns than in London, and, upon the whole, has been so seldom performed, that at this moment it is not an easy matter to decide for or against the operation. Mr. Jones had large experience in this surgical procedure, and next to him Dr. Humphry, of Cambridge; the rate of mortality in the cases of the former was one in fifteen, that in those of the latter was one in thirteen; but Professor Fergusson has operated upon forty patients, and out of that number has lost fifteen. This rather high death-rate is attributed to the situation of the King's College Hospital, and does not make Mr. Fergusson deem this surgical measure as at all inferior to amputation of the thigh. Statistics collected by Mr. Price show excision to be nearly as fatal as amputation. An objection urged against excisions is the length of time required to effect a cure, the curative process in the case of amputations being said to be limited to a period of about six weeks. But these are erro

neous data upon which to build, inasmuch as the after conditions of the stump are not taken into consideration ; besides, account should be taken of the size of the knee-joint, and of the constant and onerous duties the lower extremity is called upon to fulfil. Admittedly, wounds made for excisions are very tedious in healing ; but yet patients, aided by crutches, may walk about, and even put the foot to the ground, after an expiration of—in some instances—only three weeks from the date of operation. This triumph cannot be claimed for cases in which compound fracture of the tibia has occurred.——Dr. DAY mentions, under the head of "Original Communications," a case in which moveable kidney simulated pregnancy ; and Dr. MCCRAITH continues his paper on "Lithotomy in Smyrna," and gives a list of the appliances he uses in the operation, and his method of performance ; also a description of some of the calculi he has removed, and, in a tabulated form, the age of the patient, his general appearance, the result of the operation, the weight, shape, and dimensions of the stone.

PARISIAN MEDICAL NEWS.

MECHANISM OF THE CIRCULATION IN THE HEART.

The theory of the mechanism of the cardiac circulation has been simultaneously brought forward by M. Hiffelsheim at the Academy of Sciences, and at the Academy of Medicine by MM. Béclard and Gavarret, who reported on the researches instituted by MM. Marey and Chauveau. M. Hiffelsheim denounces as dangerous too strict an application of the laws of dynamics and natural philosophy, in the interpretation of physiological facts, but he endeavoured, at the same time, perhaps with more talent than success, to establish, on data supplied by the exact sciences, the correctness and originality of his theory of recoil. The discussion at the Academy of Medicine was spirited and interesting, and the experimental inquiries of MM. Marey and Chauveau, which confirm the theory generally adopted of the mechanism of circulation in the heart, met with no contradiction except from M. Beau, an earnest and sincere adversary, and at the same time a thoroughly skilled debater. In vain did MM. Bouillaud, Béclard, and Gavarret put forth all their power of argument to annihilate the doctrine upheld by their learned colleague ; M. Beau unflinchingly defended his position, and professed himself ready to suffer martyrdom, sooner than acknowledge that the impulse of the heart is the result not of systole, but of ventricular diastole.

We cannot refrain from observing that M. Beau's opponents ascribe to the auricle too insignificant a part in the action of the heart ; and in a speech that attracted less notice than that delivered by M. Gavarret, M. Parchappe appears to us to have argued more soundly, in showing, with Harvey and Haller, the real share of that portion of the viscus in the complex mechanism of its circulation.

THE ORIGIN OF MAN.

Several communications more or less relative to Anthropology have been forwarded to the Academy of Sciences, amongst which was a paper by M. Trémeaux, "On the Transformations of the Human Race." M. Trémeaux is a traveller who has visited every part of the globe, and who adduces the results of his observation and experience in support of the doctrine of the specific unity of the genus Man. He contends that the differences of structure and colour are merely secondary changes, effected by time and climate. With regard to colour the assertion is not a new one ; and it is a generally-received fact that white men become darker, and negroes bleach, when they respectively migrate to torrid or temperate latitudes, and that the changes become further confirmed in a few generations. But M. Trémeaux does not attempt to offer the same explanation of the enormous differences observed in the shape of the skull and the degree of intellectual development. Indeed, it is obvious that the shape of the head and the colour of the skin cannot possibly be influenced by the same cause ; and the author remarks that "some very dark tribes are found to possess regular features, whereas in others deformed features are allied with clearer complexions." But in man the colour of the skin is a secondary matter. The various physical types, expressive of mental development, are of far greater importance. To solve the problem, M. Trémeaux calls in another element—viz., the influence of the age of the soil on the inhabitants. In his opinion, the lowest types are to be met with in primary soils, and, conversely, the most perfect types coincide with the geological improvements of the different regions of the surface of the globe. Hence, the author concludes that the development of the human form has advanced with the migration of the original races to lands of recent formation.

"The Indo-European race, for instance, does not differ except when much difference exists in the nature of the soil. The race is handsome in Southern and Western Europe, in Georgia, Circassia, and Persia, where the more recent changes of the soil are observed.

"In the far East, we find the finest Mongolian type in the neighbourhood of Pekin, where the strata are recent, and the most deformed in the primary regions from which flows the Yenisei.

"We may, in addition, notice even in France, despite the division of land, well-marked differences of type ; and although the lower orders emigrate from the primary uplands of Limousin, Auvergne, and Savoy, and, like the gipsy race, periodically wander to more favoured tracts of country, where improvement of type is favoured by crossings, the local influences are still observable."

In its notice of this communication, the 'Courier de Saône et Loire' adopts the same view, and remarks, "It is impossible not to be struck by the differences between two adjacent districts, and to avoid noting the dissimilarity of the Morvan husbandman and the vine-growers of Mercurey, or the inhabitant of the banks of the Saône. The soil around Châlons is of far more recent formation than the table-lands of Morvan (Nièvre), hence a handsomer race of men, and greater aptitude to civilisation in the plains, than in the district of Autun."—'Journal of Practical Medicine and Surgery.'

SANITARY STATE OF LIVERPOOL.—A deputation from the Local Health Committee has had interviews with the Registrar-General as to the desire of the committee to trace the causes of the high bills of mortality of the borough ; and the Registrar-General has promised to cause an abstract of the census returns of 1861, showing the number of families, and the number of persons in each family recorded as residing in every house in the borough, to be prepared at the cost of the corporation. Fifty pounds is mentioned as the probable cost.

SCARLET FEVER RIOT AT TUNBRIDGE WELLS.—On Saturday night last a riot of curious origin took place at Tunbridge Wells. A few weeks ago it was rumoured that an epidemic in the shape of typhus and scarlet fever had visited the place, and as a consequence a large number of visitors left. The report appears to have given the lodging-house keepers great annoyance, and as a Mr. Webber was identified with it, a large mob of about 1,000 persons assembled in front of his house on the evening in question, and having burnt him in effigy, commenced to smash his plate-glass windows. The small police force was quite powerless, and the crowd was only dispersed at a late hour by a heavy fall of rain. On Sunday the excitement in the town continued, and another riot was expected. It is said that the sanitary inspector sent down by Sir G. Grey, on Mr. Webber's application, could find nothing to justify the reports respecting the unhealthy condition of the town.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 13, 1864.

THE RECENT ELECTION AT THE COLLEGE OF SURGEONS.

The annual meeting of Fellows of the Royal College of Surgeons of England has resulted in the election of Mr. Le Gros Clark, Mr. Hancock, and Mr. Curling, as the new members of the Council. As we have before mentioned, there were six candidates—Messrs. Hancock, Gulliver, Turner, Curling, McWhinnie, and Le Gros Clark, and the number of votes recorded for each candidate was as follows:—Mr. Le Gros Clark, 148; Mr. Hancock, 138; Mr. Curling, 134; Mr. Gulliver, 106; Mr. Turner, 97; and Mr. McWhinnie, 62.

The result will, we believe, astonish no one, and will disappoint no one. The gentlemen elected are all of high professional merit, and each fully deserves the honour of a place at the Council Board. Mr. Hancock was elected only last year, and his retirement on the present occasion was a mere formality, rendered necessary by an absurd law that a Councillor elected in the place of another who retires before his full period of service, can serve only for the time left unexpired by his predecessor. It was, therefore, universally believed that Mr. Hancock would be re-elected to fulfil his due period of office. Mr. Curling, last year, was a candidate for election, but was rather low on the list, in consequence of some coquetting on his part; but his claims to be made a Councillor were universally acknowledged, and on the present occasion they have met with a successful response at the hands of the Fellows.

The real contest was for the third appointment, and it was difficult beforehand to prognosticate with anything like certainty as to the chances of the other candidates. If the feeling of the Fellows was decidedly in favour of eliminating from office the retiring, but eligible candidates, Mr. Le Gros Clark would of course receive very general support as a new man in the Council, though a well-known and highly esteemed surgeon, and a Lecturer and Medical Officer at one of our largest hospitals. If, on the other hand, it was thought that gentlemen who had served with distinction in the Council were not necessarily, *ipso facto*, ineligible to serve again, then there could be no question that Mr. Gulliver had a very strong chance of success, and that one of the other candidates could wait for another year.

A very important principle was involved in the candidature of Mr. Turner, of Manchester, for it was felt that the Council of the College ought to represent, at least in part, the provincial surgeons; and as Mr. Turner was willing to serve, it was felt that no better or more deserving candidate could be proposed than that excellent and distinguished gentleman. If the provincial Fellows had mustered in sufficient numbers, there can be no doubt that his election could have been secured; but, as it turned out, only ninety-seven votes were recorded in his favour, of which sixteen were plumpers. We may assume, therefore, that there were not a hundred provincial members present on the occasion—a fact which need not cause much astonishment when we reflect upon the loss of time which would be incurred by the absence of country surgeons from their ordinary professional duties.

With regard to Mr. Gulliver, while lamenting that the College is deprived, for a time, of a distinguished ornament of modern scientific surgery, we candidly admit that we ourselves never thought very highly of his chances of success; and we are, indeed, no less surprised than gratified at observing the number of votes recorded in his favour—a circumstance which must, we think, be highly agreeable to his feelings, and must do more than reconcile him to a loss of office which, year after year, some members of the Council must henceforth inevitably experience. His exclusion from the Examining Board last year was, we believe, an unwise proceeding on the part of the Council, who ought to have recognised his eminent scientific position as a ready passport to his election as an Examiner in a College which professes to examine candidates in the theory as well as in the mere manual practice of their Profession. But the same feeling which actuated the Council in passing him over as an Examiner would induce them to withhold their support from his re-election as Councillor, and this feeling would be aggravated by the plain and straightforward manner in which he has lately expressed his sentiments towards the body with which he so lately acted. Then, as he is not an hospital surgeon, he could expect no support from the compact body of hospital officials and hangers-on, who would necessarily maintain what they consider to be their own interests. Thus excluded, as it were, by very powerful influences, to what quarter could he look for favour? As he is not a surgeon in metropolitan practice, he has had little opportunity of cultivating those personal professional friendships which are often of material service in a contested election; and as he has not held any position as teacher at the schools of medicine, he is comparatively little known to the present race of provincial surgeons. Hence, we repeat, that the large number of votes actually recorded in his favour must be regarded as a distinguished tribute of personal esteem for one who has pursued science for its own sake, and not for the immediate emolument which it sometimes brings; and who has been one of the pioneers of that brilliant dawn of physiology and pathology which, aided by chemistry and the microscope, is illuminating the condition of modern medicine and surgery.

The late election at the College is an unquestionable triumph for the Metropolitan Hospital Surgeons, to which class all the successful candidates belong. Whether it is desirable that the Council of the College should be exclusively recruited from this section of the Surgical Profession is very questionable, but the result must be taken as proving the formidable organisation which is at work in securing the election of this body to the College digni-

ties. Numerically, the Metropolitan Hospital Surgeons are very strong; and when they act in a compact body, as they evidently have done at the recent election, they can achieve almost any object they desire, unless it should happen, on future occasions, that a counter-organisation of provincial or independent Fellows should succeed in out-numbering or out-manœuvring them.

On the whole, we have no *Io pæans* to sing over the College election. The only principle that appears to have been established is, that when a man's term of office in the Council has expired, he has no chance of re-election; and perhaps this is only a righteous retribution on the part of the Fellows against the notorious tenacity of office and the abuse of re-elections which have characterised the Council in former times. But we look in vain among the newly-elected Councillors for any radical reformer who has the will or the ability to expose the present flagrant mismanagement of the College affairs, or to insist upon making the College the real representative of the wants, the wishes, or the aspirations of the Profession. The new Councillors will, in all probability, fall into the same groove with their predecessors, and will discreetly hold their tongues when it is inexpedient to speak out.

But Time, which works all kinds of wonders, will perhaps in after years accomplish that which, in the present state of matters, can scarcely be anticipated. The annual elimination of three members of the Council will infuse so much new blood into that body, that a continuance of the present abuses will be impossible, unless, indeed, the elections should virtually fall exclusively, as there is some reason to fear they may do, into the hands of a metropolitan clique, and unless the Council should continue to be over-ridden and held in awe (as they now unfortunately are) by the Court of Examiners. We explained last year, when some of our contemporaries were blundering about the subject, that this latter body is by no means so fixed in its position as it once was, and that a change in its composition might be effected if the Council had the courage to originate the movement. At the period to which we refer, we pointed out that the College of Surgeons is now governed by the provisions of *two* charters, one granted in 1843 and another in 1852. By the former of these charters the then examiners were continued in their office for life; but they are now all dead, except Mr. Lawrence. By the second charter, the then existing examiners elected subsequently to 1843 were to hold office at the pleasure of the Council; but all the examiners elected subsequently to 1852 were to retire from office every five years. As matters stand at present, Mr. Lawrence holds office for life; Messrs. South, Arnott, Hawkins, and Luke hold office at the pleasure of the Council; and Messrs. Skey, Hodgson, Wormald, Kiernan, and Partridge, are subject to quinquennial removal from office, though allowed to present themselves for re-election. The Council, therefore, really have the power of removing nine out of the ten examiners, if they choose to exercise it; and we believe that they will fail in their duty if they allow the provisions of the charters, in this particular, to become a dead letter.

SUMMARY OF THE WEEK.

BLACKBALLING AT THE COLLEGE OF PHYSICIANS.

The scene we described as having occurred at the last meeting of the Fellows of the College of Physicians has excited considerable interest in the Profession, who are asking one another the cause of the disturbance on the occasion alluded to. It is a rule of the College that the Fellows are pledged by a solemn promise "not to divulge any of the proceedings of the meeting held for the election of Fellows and Members of the College," and therefore it is evident that the report of the meeting could not have emanated from any of the Fellows, and reporters are not admitted. How the cat was let out of the bag is, therefore, a curious subject of speculation; but we cannot help thinking that the publication of the names of persons blackballed is a most unwise proceeding, even although, as in the present instance, no personal affront was intended to the unsuccessful candidates. But we do not wonder that dissatisfaction has at last been expressed at the mode in which elections to the Fellowship are conducted. The plain and obvious course for the Council to adopt in future would be to recommend for the honour of the Fellowship those who are able to pass a high examination. The bye-laws of the College represent as eligible for the Fellowship all "members of at least four years' standing, who have distinguished themselves in the practice of medicine, or in the pursuit of medical and general science or literature;" but we nevertheless find that persons who have distinguished themselves in neither are continually put up for election, while many of those who have distinguished themselves in both, and who are willing to have their qualifications tested by stringent examination, are excluded. While the present arbitrary system continues, we do not wonder that the Fellows are discontented with the mode of election.

THE ARMY MEDICAL SERVICE.

From the report of an interview granted by Lord De Grey and Ripon, the Secretary at War, to a deputation of the Metropolitan Branch of the British Medical Association, and which will be found in another part of our Journal, it does not appear that the Government holds out much hope of redress for the grievances endured by the Officers of the Army Medical Service. The meeting was a highly respectable and influential one, comprising the President of the Medical Council, the President of the Royal College of Surgeons, and several of the Medical Officers and teachers of the Metropolitan Schools of Medicine, who represented in firm but courteous terms the disabilities under which the Medical Officers of the Army at present laboured, and the disappointment they had experienced in the withdrawal of the Warrant of 1858. Lord De Grey and Ripon seemed, however, to have been well primed by the authorities at the Horse Guards as to the military arguments to be advanced in answer to the remonstrances of the deputation, and he repeated the well-known sentiments on the subject of Army Medical Reform, which have already been expressed by the combatant branch (as

they are called) of the service in the Houses of Parliament. He was deaf to all the representations made to him as to the falling-off of candidates for the Medical Service, and declared the determination of the Government not to yield to what they considered to be an attempt at intimidation or coercion exercised by the Medical Officers of the Army. But a time may come when the Government will find that they must adopt another tone, and must concede claims which cannot much longer be resisted.

ALLEGED NEGLECT OF A POOR-LAW MEDICAL OFFICER.

In reference to an article which appeared in our Journal with the above heading, on the 29th ult., and which included some extracts from an inquiry instituted at Holbrook, as to certain charges made against Dr. Albert Fleming, we have much pleasure in stating that the conclusion arrived at has been entirely in favour of that gentleman. Sir John Walsham, who was deputed by the Poor-law Board to conduct the inquiry at the Sandford Hundred Union Workhouse, Tattingstone, has reported that the Board at Whitehall have concurred in the favourable opinion entertained and expressed by the local Board, and that they completely exonerate Dr. Fleming from all blame in the case of the patient, who unfortunately died from flooding in childbirth. This conclusion has been recorded in the minutes of the local Board, and a copy has been directed to be sent to Dr. Fleming. The worst feature in this case is, that the charges made against Dr. Fleming were sustained by a medical practitioner living in the same village with himself, and that the latter has not thought proper to explain or justify the steps he took in the matter. It is bad enough for medical men to be misrepresented and persecuted by the public, but it is still worse to have to defend ourselves from injustice and injury inflicted from among our own ranks.

THE REPORT ON CHLOROFORM BY THE COMMITTEE OF THE MEDICO-CHIRURGICAL SOCIETY.

On Tuesday, the 5th inst., an abstract of the report on chloroform by a committee of the Medico-Chirurgical Society was read at a special meeting of the Society. The report is exceedingly voluminous, and is the result of no less than seventy meetings of the different sections into which the committee was divided, the physiological section having especially devoted great attention to the subject, and having performed a great number of experiments. The questions comprised in the report were chiefly the following —viz.: How chloroform destroys animal life; the effects of chloroform on the action of the heart and on the respiration; the effects of division of the pneumogastric nerve; the effects of chloroform on the glottis and fauces; the effects of ether; the post-mortem appearances in animals destroyed by chloroform; the mode of resuscitation in apparent death from chloroform; the rules to be observed in cases of threatened death from chloroform; the uses of chloroform in surgery and in midwifery.

In reference to the action of chloroform on the heart, and on the comparative merits of chloroform and ether as anæsthetics, the committee make the following remarks :—

"The first effect of chloroform vapour is to increase the force of the heart's action, but this effect is slight and transient, for when complete anæsthesia is produced the heart in all cases acts with less than its natural force. The strongest doses of chloroform vapour, when admitted freely into the lungs, destroy animal life by arresting the action of the heart; whilst by moderate doses the heart's action is much weakened for some time before death ensues; respiration generally, but not invariably, ceasing before the action of the heart, death being due both to the failure of the heart's action and to that of the respiratory function. The danger attending the use of chloroform increases with the degree of stupor it induces; the apparent irregularities in the action of the anæsthetic mainly depending on the varying strength of the vapour employed, on the quality of the chloroform, and on the constitution of the patient. In order that it may be administered with comparative safety, it is necessary that the percentage of vapour should not exceed three and a half per cent., that its effects should be carefully watched, and the inhalation suspended when the required anæsthesia is induced. In many respects the action of ether is similar to that of dilute chloroform. At first its vapour increases the force of the heart's action, an effect which is both greater and of longer duration than that observed with chloroform. The stimulation is followed by a depression of the force of the heart's action, but, at the same degree of insensibility, ether does not depress the action of the heart to the same extent as chloroform; eventually, ether kills partly by enfeebling the action of the heart, but chiefly by arresting the movements of respiration. Thus the energy with which chloroform acts, and the extent to which it depresses the force of the heart's action, render it necessary to exercise great caution in its administration, and suggest the expediency of searching for other less objectionable anæsthetics. Ether is slow and uncertain in its action, though it is capable of producing the requisite insensibility, and is less dangerous in its operation than chloroform. On the whole, however, the committee concur in the general opinion which in this country has led to the disuse of ether as an inconvenient anæsthetic. A mixture of ether and chloroform is as effective as pure chloroform, and a safer agent when deep and prolonged anæsthesia is to be induced; though slow in its action, it is sufficiently rapid in its operation to be convenient for general use. A mixture composed of ether three parts, chloroform two parts, alcohol one part (by measure), is to be preferred, on account of the uniform blending of the ether and chloroform when combined with alcohol, and the equable escape of the constituents in vapour, and the committee suggest that it should be more extensively tried than it has hitherto been in this country."

The committee believe that the effects of chloroform depend much more on the degree of its concentration than on the mode of administering it, and that an apparatus is not essential to safety if due care is taken in other respects. Free admission of air, together with the chloroform, is absolutely necessary. The apparatus employed by Mr. Clover possesses the advantage of measuring the amount of vapour inhaled, but the objection to it is that it is not very portable. In the absence of any accurate means of determining the quantity of chloroform vapour administered, the committee thought the plan of administering the anæsthetic on a handkerchief or lint the least liable to objection; but it should be held an inch and a half from the mouth, so as freely to admit the air.

In regard to resuscitation after apparent death from chloroform, the committee believe that the most certain means of restoring life is by artificial respiration, and that Dr. Silvester's method, if applied early, is the most efficacious measure. By this plan resuscitation may generally be accomplished after natural respiration has ceased, provided the heart continues to act; and it may sometimes be effected even after the cessation of the heart's action. Galvanism is far less to be relied on than artificial respiration in equal cases, but with either remedy it is found that animals quickly rendered insensible by a strong dose are more easily recovered than those which have been gradually narcotised even by a small percentage of the anæsthetic. As to the amount of chloroform which might be inhaled with safety, it was found practically that a mixture containing from 2 to 4 per cent. of chloroform vapour and 96 or 98 per cent. of air might be inhaled without danger to life; and, if necessary, 4 or 5 per cent.

of chloroform vapour might safely be used; but 10 per cent. was liable to produce dangerous symptoms.

As to the uses of chloroform in practical medicine and surgery, and the contraindications supposed to exist against its use in certain cases, the committee consider that, in surgical practice, the administration of chloroform is not contraindicated by the presence of heart-disease; but fatty degeneration of the organ requires care. The question, however, is to determine the symptoms by which fatty degeneration may be detected during life. Chloroform may be given, with proper management, in operations on the mouth and throat. In operations on the deeper parts of the eye, it is undesirable, from the vomiting which may be induced. In hernia, it is highly valuable; and in operations about the anus it is indispensable. The examination of the results of 2,586 capital operations performed before chloroform inhalation was introduced, and of 1,860 operations of similar character performed subsequently, proved that the rate of mortality had not been increased since the introduction of chloroform; and it is needless to expatiate upon the diminution of suffering obtained by this invaluable agent.

In obstetric practice, the use of chloroform in natural labour is not attended with danger; no well-authenticated cases of death from its use having come to the knowledge of the committee, although sometimes unfavourable symptoms have been produced. It may, in moderate doses, protract labour; but does not always do so. It does not predispose to convulsion, nor does it interfere with lactation or with the general condition of the mother and child. In artificial labour, the inhalation of chloroform is very useful in many cases; but, as a rule, should not be employed when there has been much hæmorrhage, unless stimulants are also given. Chloroform is also useful as a means of facilitating diagnosis in diseases of women; and, both inhaled and applied as a liniment, is serviceable in severe cases of dysmenorrhœa, neuralgia, &c. Chloroform inhalation was also favourably reported on as a remedy in the convulsive diseases of women and children, and this opinion is in accordance with the views of most practical obstetricians.

These are some of the leading points touched upon in the report, but we shall revert to this important subject on an early occasion.

GENERAL CORRESPONDENCE.

A CASE OF DISTRESS.

To the Editor of the Medical Circular.

SIR,—Acting under the advice of several members of the Medical Profession, I forward the enclosed appeal, earnestly soliciting that you will give it a place in the columns of your valuable paper; and also requesting that you would kindly consent to receive contributions for the bereaved widow.

I am, &c.,
HENRY BROMFIELD.

Blockley Vicarage, Moreton-in-Marsh.
July 5, 1864.

The Rev. H. Bromfield, Vicar of Blockley, begs to call the attention of the members of the Medical Profession to a case of great destitution, and solicits their contributions on behalf of the bereaved widow and children.

Mr. Edgar Bull, surgeon, resided and practised in the village of Blockley for several years. On a foggy night in January, 1863, on his way home from a patient, he fell down a bank and sustained a bad fracture of the leg. A long confinement to his bed, and the consequent loss of income, preyed upon his health and spirits; and although he partially regained the use of his limb, the constitution received so severe a shock, that his mind gave way, and in a paroxysm of mental aberration he precipitated himself from a window and was killed.

Mr. Bull has left a widow and four children. The eldest son (nineteen) is in a draper's shop, but two daughters, a son, and the widow are utterly destitute. The Editor of the MEDICAL CIRCULAR has kindly consented to receive contributions, which will be applied to establish the widow in a grocery business, in the hope that she may support herself and keep a home for her children until some provision can be made for them.

Contributions will be also received by Admiral Collier, C.B., Rev. H. Bromfield, Blockley; Charles W. Morris, Esq., Surgeon, Chipping Campden; Dr. Moore, 15 Charles terrace, Victoria park, London; Dr. Kingsley, Stratford-on-Avon.

Blockley Vicarage, Worcester,
July 5, 1864.

CHLOROFORM AND EAU DE COLOGNE.

To the Editor of the Medical Circular.

SIR,—An inquiry has recently arisen whether chloroform was ever tried, or if it be useful, in epilepsy. A very extended and detailed examination of cases under that agent, favourable to its use, is to be found in the excellent work of Dr. Reynolds; it is, on the other hand, very dangerous in chorea and delirium tremens. In the former the part of the brain that presides over emotion and respiration is weakened already, and chloroform extinguishes life. Very marked cases of epilepsy are now cured by a slight surgical operation, the suggestion of Dr. Brown-Séquard. It is asked also how to use eau de cologne and chloroform together. The best plan is, perhaps, in about equal parts, but sprinkled separately on a napkin folded in shape of a cone.

I am, &c.,
CHARLES KIDD, M.D.

Sackville street,
June 24.

PS.—As to the other "mixtures," what is true about them is not new, and what is new is as old as an extensive trial of them in France and especially in Austria, even by Austrian Government order; but they are cumbrous, and the spirits of wine is simply squeezed out of the sponge after the chloroform and ether have been inhaled. They lead to quackery also, by the idea that the chloroform is supposed "to take" without entering the blood,—about as wise as to say a lancet could open the femoral vein without entering or disturbing the blood; but so the lancet fraternity will have it.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been already received on behalf of the above fund:—

	£	s.	d.
Henry Blenkarne, Esq., City of London	1	1	0
Henry Sutherin, Esq., St. Pancras	1	1	0
J. Clark, Esq., Shoreditch	1	0	0
Dr. Robert Fowler, East London	1	1	0
A. M. Champneys, Esq., Whitechapel	0	10	6
T. M. Kendall, Esq., King's Lynn	0	2	6
S. B. Humphreys, Esq., City of London	1	1	0
Dr. David King, Lewisham	0	10	0
J. G. Gerrans, Esq., St. Marylebone	0	5	0
Henry Terry, Esq., jun., Hardingstone	0	10	0

I am quite willing to take the entire management of the fund, if generally desired.

Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treasurer and Hon. Sec.
July 6, 1864.

MEDICAL PROVIDENT ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—About this time last year an effort was made to form a Medical Provident Association. I am glad to inform your numerous readers that that noble effort has not been abandoned, but only set aside until a safe plan could be devised which would confer the greatest boon ever known to the Profession. It will be remembered that Mr. Carter, of Stroud, took a prominent part in the business; and from the correspondence which I have had with him, I am at liberty to send you the enclosed letter for publication. As the business will be brought forward next month, I hope, Mr. Editor, that we shall have a spirited leader from you

in an early number to help it forward. If such an association had been in existence, I doubt not you would have been spared the painful duty of appealing on recent occasions to the Profession and the public on behalf of many a widow and her helpless family.

One thousand subscribers will be required to place the association on a firm and permanent basis; and I hope, when your trumpet sounds, that ten thousand will arm themselves with golden weapons and be ready to do battle on such charitable ground. Wishing you continued and increasing success, I am, Mr. Editor, Yours, &c.,

Oswestry, July 8, 1864. ALPHA.

SIR,—In reply to your inquiry, I have to say that my visit to London convinced me of the entire practicability of the scheme proposed, and obtained for me the knowledge that such an institution has been successfully worked among the clergy for thirty years. The experience of their society will be available, at the proper time, in the formation of ours.

Almost immediately after I went to London, the meeting of the British Medical Association was held at Bristol. There, Dr. Richardson proposed the appointment of a committee, consisting of Sir C. Hastings, Mr. Daniell, Dr. Richardson himself, myself, and other gentlemen, to inquire into the whole subject, and to report to a special general meeting. It was carried as an amendment that the report should be referred to the next annual meeting.

It seems to me that the report of the committee will have so much more weight with the Profession than the labours of one man, that I determined to hold my hand in the matter, and wait the year. I purpose to ask the committee to report not only upon general principles, but upon organization, and I shall take care that their report is extensively circulated, and that action is taken upon it. I have obtained the promise of influential assistance for a London meeting, to follow that at Cambridge; and I hope the institution will be able to begin work with the beginning of next year.

I feel that I should only be beating the air, and wasting my own fully-occupied time, by any endeavour to precipitate matters. The actuaries tell me that we must have 1,000 members before the society will rest on a basis independent of casualties.

The appointment of the Bristol committee, was I believe, noticed in the Journals at the time, and I thought it unnecessary to publish anything more, although I have great pleasure in replying to your inquiry. If you think it would answer any useful purpose to send this note to one of the Journals, perhaps you would kindly take the trouble to do so. I am, &c.,

Stroud. R. B. CARTER.

THE LATE SURGEON OF THE ALABAMA.

To the Editor of the Medical Circular.

SIR,—Perhaps some of your readers may not be aware that a Committee has been formed for the purpose of raising funds, both from the Profession and from the general public, for some appropriate memorial in honour of the late David Herbert Llewellyn, surgeon of the Alabama. We shall be happy to receive subscriptions here at the Hospital, or they may be sent to the Imperial Bank, 6 Lothbury and 53 Parliament street.

We are, Sir, &c.,
W. TRAVERS, F.R.C.S., O. W. BERRY,
Hon. Secs. to the Llewellyn
Memorial Fund.

Charing-cross Hospital,
July 4th, 1864.

PUNISHMENT OF ILLEGAL MEDICAL PRACTICE IN FRANCE.—The correctional tribunal of Gourdon (Lot) has sentenced to six days' imprisonment, to twelve shillings fine, and to the payment of all the costs of the prosecution, a dispensing chemist of Souillac, indicted for the illegal practice of medicine.

THE ARMY MEDICAL SERVICE.

DEPUTATION TO THE SECRETARY OF STATE FOR WAR.

On Tuesday, the 5th inst., a deputation of members of the Metropolitan Counties Branch of the British Medical Association had an interview with the Right Hon. the Earl De Grey and Ripon, Secretary of State for War, on the Army Medical Service. The deputation, which was introby Dr. J. Abel Smith, Esq., M.P., consisted of Dr. Sibson, President of the Branch; Dr. Burrows (President of the Medical Council); Mr. Skey (President of the Royal College of Surgeons); Drs. Camps, Andrew Clark, Hare, Harley, Henry, Richardson, Routh, Hyde Salter, Joseph Seaton, Stewart, and G. Webster; and Messrs. Holmes Coote, Curling, Dunn, H. Lee, Lord, W. Martin, Millar, and C. H. Moore; as well as Drs. Chowne and Sharpey, and Mr. Barwell.

Dr. Sibson said that the Metropolitan Counties Branch had taken up the subject of the Army Medical Service for two reasons—first, because the medical officers of the army were precluded, by considerations of discipline, from stating their own grievances; and secondly, because the Branch contained among its members gentlemen connected with all the London hospitals and medical schools, who consequently were constantly in contact with those who might become candidates for admission into the army. Some time ago the teachers in the schools have been accustomed to urge their pupils to enter the army; but now circumstances were altered, and they could no longer do so. The Association of which this was a Branch had always taken much interest in all that related to the welfare of the Profession. Dr. Sibson then presented the following memorial:—

To the Right Honourable the Earl De Grey and Ripon, Secretary of State for War.

The Memorial of the President and Members of the Metropolitan Counties Branch of the British Medical Association.

HUMBLY SHEWETH—

That the attention of your memorialists has been drawn to the condition of the Medical Service of the Army.

That it is well known to your memorialists, that the number of candidates for admission into the Medical Service of the Army is far from being commensurate with the number of vacancies; and that, in consequence, gentlemen engaged in civil practice have been invited to undertake the charge of troops at home.

Your memorialists are of opinion that the members of the Medical Profession have ceased to apply for admission into the Medical Department of the Army, because, owing to the successive changes in the Warrant of 1858 (which Warrant gave general satisfaction), and to the practical departure from that Warrant by the Executive, they have lost confidence in the good faith of the military authorities.

They are further of opinion, that the frequent non-enforcement of the precedence granted by the Warrant of 1858, and the modification of that precedence by the Warrant of 1863, disqualifying the medical officer from presiding at boards (although on other than purely military matters), even when he is the senior officer present, have, by lowering his status, done more than any other grievance to deter members of the Medical Profession from joining the service.

Your memorialists are further of opinion—

1. That the Warrant which expresses the terms of service under which medical men enter the army should in future be clearly defined, so that no misapprehension may arise.

2. That no alteration should be made in such Warrant without an inquiry, which inquiry should be open to the Medical Service, and should be of the same extent, and involve the same amount of consideration, as that which led to the first promulgation of the Warrant.

3. That any such alteration should be made with formality and publicity, and after an explanatioon to the medical officers of the grounds on which it has been considered necessary to alter the terms of service.

Your memorialists are further of opinion, that the Warrant of 1858 should be the basis of future regulations

for the Army Medical Department, subject to the following modifications:

1. The proper definition and enforcement of the precedence of the medical officer, in accordance with his rank, at boards, mess, and committees of all kinds.
2. Increased pay of assistant-surgeons and surgeons.
3. Promotion to the rank of surgeon after, at most, ten years' full-pay service.
4. Optional retirement after twenty years' full-pay service on an adequate pension.
5. Controlling power and free agency to the medical officer in his own department.
6. Regular leave for the medical officer, and sick leave on the same footing as is granted to all other officers.
7. Non-deduction of pay for expenses incurred in the execution of his duty.
8. The abolition of the system of confidential reports by the surgeon on the conduct of the assistant-surgeon.
9. The infliction by the military authorities of all punishments ordered by them; the medical officer's duty on such occasions being limited to the protection of the soldier from serious injury.

Your memorialists are further of opinion, that the systematic employment of deputy or acting assistant-surgeons without examination ought to be discontinued; since it will inevitably introduce an inferior class of medical men into the service, and inflict great hardship on the military medical officer by increasing indefinitely the period of foreign service, and so still further deter medical men from entering the army.

Finally, your memorialists would especially insist that although, since the issue of the Warrant of 1858, an examination has very properly been instituted, the intention and effect of which have been to exclude from the Medical Service of the Army all but highly qualified candidates, the inducements to enter the service have been considerably lessened. The inevitable consequence of thus discouraging the better members of the Medical Profession from entering the army is, that the soldier must suffer. And your memorialists are persuaded, that the services of thoroughly competent men of high tone and character will not be obtained until the medical officer is upheld by the military authorities, and is permanently placed in that honourable position which is due to himself and to the Profession to which he belongs.

Your memorialists therefore respectfully urge your Lordship to take this memorial into your favourable consideration, and to adopt such measures as will tend to secure at once the welfare of the soldier and the interests of the Medical Department of Her Majesty's Army.

Signed on behalf and by the authority of the members of the Metropolitan Counties Branch,

FRANCIS SIBSON, M.D., F.R.S., *President.*
A. P. STEWART, M.D., } *Secretaries.*
ALEXANDER HENRY, M.D., }

Dr. Burrows, President of the Medical Council, cordially supported the prayer of the memorial.

Mr. Skey, as President of the Royal College of Surgeons, expressed the deep regret of himself and his colleagues in the Council of the College at the condition of the medical officers of the army.

Lord De Grey and Ripon said that he was glad to have an opportunity of seeing so many members of the Medical Profession, and of discussing the present subject with them. The memorial involved two points: 1. The renewal of the Warrant of 1858; 2. Increased pay, &c. He would ask in what respects it was considered that the Warrant of 1858 was not carried out?

Dr. Stewart: With regard to relative rank.

Lord De Grey and Ripon said that Clause xvii. was then the portion of the Warrant referred to. In 1861, a warrant was issued, by which the surgeon ranked as junior major. This, as the deputation was probably aware, was repealed by the Warrant of 1863. He supposed that the principal objection to the latter was in regard to the part treating of the position of the army medical officer on boards, &c.

Dr. Stewart said that was the point of objection. The deputation had also been informed that the medical officer ranked as junior in mess; and there was reason for questioning whether the Warrant was carried out in its integrity. But the right of the medical officer to be president of boards was the main point.

Lord De Grey and Ripon: The Warrant of 1858 laid down that medical officers were non-combatant; and he presumed that they did not wish to interfere with military command. He could not understand why so much importance was attached to the presidency of boards.

Dr. Stewart would remind his Lordship that, if a superior class of medical men was to be induced to enter the army, proper marks of distinction and social courtesy must be extended to them.

Lord De Grey and Ripon understood, from what had been said, that the deputation did not desire that the presidency of courts-martial or of boards on purely military matters should be open to the medical officers; but that on certain boards—sanitary, for instance—the medical man should be placed according to his rank. He would give the proposal to renew the Warrant of 1858 his best consideration; but he feared he could not support some of the other doctrines laid down in the memorial. He would ask whether, within the last few years, there had not been an increase in the number of good appointments elsewhere, which had drawn off medical students from entering the army; and whether, at the same time, there had not also been a diminution in the numbers of those entering the Profession.

Dr. Hare said that formerly students used to enter the medical schools with the view of joining the army; but now this was not the case.

Dr. Richardson said there had certainly been a very serious decrease in the number of the Medical Profession; since 1854, he believed, the decrease had not been less than four thousand. This was very important as regarded competition; but it did not affect the duty of the authorities to render the army attractive to medical men.

Lord De Grey and Ripon was quite ready to allow that it might be necessary to offer increased pecuniary advantages to medical men entering the army. But he believed that there was an organised agitation going on among the Army Medical Officers; and the Government must set its face against anything of this kind.

After some further discussion and explanation of several portions of the memorial, Lord De Grey and Ripon said that the return to the Warrant of 1858, and the proper establishment of the precedence of medical officers, were questions that might well be considered. On other points, he would not encourage the deputation in hoping for a change.

The deputation, having thanked his Lordship, then withdrew.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 17.

Mr. PRESCOTT HEWITT, President, in the Chair.

Mr. HOLMES exhibited

THE PARTS CONCERNED IN A PLASTIC OPERATION FOR THE RELIEF OF THE DEFORMITY OF EXTROVERTED BLADDER. This was the first operation of the kind successfully performed in this country, and was reported soon after the time of its performance in the 'Lancet,' June 27, 1863. Its principle was to cover the exposed bladder by means of a flap (taken out of the groin on one side) turned down with its skin surface inwards; and to fix this flap by another (taken from the opposite scrotum) drawn over the former flap with the skin surface outwards. After the union of these two flaps, a broad thick cover will be formed, which can then be easily united with the skin of the abdomen, by one or more operations, leaving a hiatus below for the escape of the urine. To this a common "railway urinal" can very easily be adapted. If the flaps are pretty thick,

and the patient in good health, they will generally unite very readily; and their union appears both more probable and more secure than that of flaps united only by their edges. In cases complicated with large hernial protrusions, distending and thinning the skin, and in persons reduced by ill-health, union is very doubtful. In the preparation exhibited, the cleft was entirely covered. The hiatus left was large enough to admit the finger easily, and Mr. Holmes thought it better to have an opening of this size, since the bladder ought to be frequently washed out with a syringe to clear it of phosphatic deposit; and if the opening be reduced too much, this deposit will be more troublesome. But when the cover is once formed, the opening can be contracted as much as the surgeon pleases. There was a very minute pin-hole opening in the union between the transplanted cover and the skin of the abdomen, but it was hardly visible, and did not appear to transmit any urine. The patient, a well-grown boy, nine years of age, died about a year and a quarter after the operation, from the growth of a tumour of the fibro-plastic variety, in the pons varolii and cerebellum.

Mr. WOOD exhibited a

SPECIMEN FROM A CASE OF EXTROVERSION OF THE BLADDER AFTER OPERATION.

The specimen was from the body of a male child, aged seven years, who died in King's College Hospital from erysipelas of the head and face about six weeks after the completion of the plastic operations for the cure of the deficiency of the front wall of the bladder. Before operation the case presented all the usual characters of this result of arrest of development, viz., deficiency of the symphysis and wide separation of the arches of the pubes and of the origin of the recti muscles; complete exposure and protrusion of the hinder wall of the bladder and orifices of the ureters; separation of the corpora cavernosa and deficiency of the upper wall of the urethra. The testes were still in the canal or abdominal rings; the scrotum empty. The operations were as follows:—First, two lancet-shaped flaps were cut from the skin of the groin, with their bases towards the scrotum; these were then transplanted so as to join each other by a broad surface for adhesion over the exposed bladder. When these had become united, a flap was turned down from above, after Pancoast's method, and drawn under the united side flaps, thus closing up the upper aperture left in the first operation. Then a flap was taken from the scrotum on each side, turned over the imperfect penis, and stitched with their raw surfaces together. These became adherent to each other, and united to the upper flaps so as to form a sort of short tube for the urethra. No sloughing occurred, and all had completely healed a month before the occurrence of the disease which destroyed the little patient. He had power of retention to the extent of a couple of ounces, until a cough or the elasticity of the sides of the new cavity caused a gush through the newly-formed urethra. He was waiting for the fitting of an India-rubber bottle when attacked by the erysipelas which carried him off. Mr. Wood attributes a good deal of the success which followed the transplantation to preservation of the ascending branches of the common femoral artery which supply the lower part of the skin of the belly. These were kept undivided in the area of the base of the side flaps so as to preserve their vascularity undiminished. He mentioned that he had another case of the kind now under treatment in the hospital, which had been equally successful.

Mr. HUTCHINSON exhibited a specimen of

COMPLETE DETACHMENT OF THE LOWER EPIPHYSIS OF THE FEMUR.

A lad, aged twelve, was brought into the London Hospital, having been run over in the street. He had sustained what, at first sight, was supposed to be a compound dislocation of the left knee-joint, and the soft parts were most severely injured. On examination, it was found that the projecting bone was the end of the shaft abruptly detached from its epiphysal extremity. The latter still remained in connection with the tibia, and the joint itself was uninjured. Primary amputation was necessitated, and was at once performed (by Mr. Adams, in consequence of Mr. Hutchinson's absence from town). In dissecting the parts, the popliteal artery and vein were found torn across, and the periosteum had been very extensively stripped from the lower part of the shaft. The epiphysis itself had been displaced by the gastrocnemius in such a manner that its surface of detachment looked directly backwards into the popliteal space, instead of upwards in a line with the shaft. Mr. Hutchinson drew particular attention to this displacement, and showed that it would have been quite impracticable to treat such an injury in any other position than with the knee bent at right angles (double inclined plane). He also remarked upon the circumstance that the periosteum was so extensively torn off, and said that he believed this was a common result in these accidents, and that it explained the frequency with which suppuration between the periosteum and bone occurs after them.

(To be continued.)

OBITUARY.

THE LATE DR. A. MACDOWALL, OF HELENSBURGH.

It was our melancholy duty, a few days ago, to announce the death of this amiable and accomplished Medical Practitioner, who died at his residence at Helensburgh on the 10th inst., after a long and tedious illness. Born in Glasgow, where his father pursued a similar calling, Dr. Macdowall was early destined for the Medical Profession, and completed his studies with honour and success at the University, as well as at the Royal Infirmary of this city, where he acted for the full period as House-Surgeon, and acquired, as he always took pleasure in saying, the most useful portion of his Medical and Surgical knowledge. On the breaking out of hostilities in the Crimea, he volunteered his services as Surgeon to the Turkish Contingent force, under command of British officers, which was quartered at Kertch and Yenikale, and which proved of considerable service during the war. In his capacity of Regimental Surgeon, Dr. Macdowall distinguished himself by his exertions in promoting the sanitary condition of the troops, which, in consequence of the experimental character of the service, were sadly decimated by cholera and fever. For these and similar duties in the field he was specially mentioned in the despatches of the Director-General, and was among the few who were selected to receive from the Sultan the decoration of the order of the Medjidie, an honour which, in his case at least, was universally acknowledged to be well deserved. Immediately after the cessation of hostilities, Dr. Macdowall was solicited by the Turkish authorities to continue his connexion with the Government, with the view of assisting in the organisation of a proper medical staff for the native army, but he preferred returning to England, an alternative forced on him in consequence of severe family bereavement. He afterwards settled at Helensburgh, in which he practised his Profession for several years; but it is to be feared that the cares and anxieties of a rapidly increasing country practice, acting on a not very robust constitution, had the effect of cutting short, at the early age of thirty-three, a useful and well-spent life. To a singularly acute knowledge of his Profession, Dr. Macdowall combined in an eminent degree a cheerful and obliging disposition, coupled with strict integrity and high moral worth. His memory will be long treasured as a precious possession by his family and by his patients, as well as by a large circle of attached friends.—'Glasgow Paper.'

ROYAL INSTITUTION OF GREAT BRITAIN.—A general monthly meeting was held on Monday, July 4, 1864, William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the chair. General Sir Edward Lugard, K.C.B., and John Ruskin, Esq., were elected members of the Royal Institution.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 30th ult.:—Augustin Barber Fry, Sleaford, Lincolnshire; George Grewcock, Folkingham, Lincolnshire; Francis John Marshall, Moulton, Northamptonshire; Samuel Rooth, Chesterfield.

The following gentlemen also on the same day passed their first examination:—John King, King's College; Frederic Edward Manby, Guy's Hospital; John Oakley, King's College; George Jesse Barnabas Stevens, Guy's Hospital.

THE PROGRESS OF HUMANITARIAN PRINCIPLES.—The Federal Council of Switzerland have addressed an invitation to the German Confederacy to send a delegate to the International Congress, which is to be held at Genoa on August the 8th, for the object of laying down principles and concerting measures, in the interest of humanity, with reference to the better tending of the wounded on the fields of battle. The German Confederacy have appointed a special committee to report on the question.

DISPOSAL OF THE DEAD IN CALCUTTA.—We learn from the 'Calcutta Englishman' "that the Government of Bengal has taken active measures with regard to the dead bodies that are thrown into the river. The police have been reminded that this duty was within their province, and that the Government would not see neglect further continued with satisfaction. It is ordered that a stop be put to the practice, and steps be immediately taken for the proper disposal of the dead."

DIGITALINE.—Mr. Lefort, at one of the recent meetings of the Institute of France, forwarded a paper "On Digitalinum," of which two kinds appear to be in use. One is soluble, and imparts to concentrated hydrochloric acid a yellow colour, which passes to a fine green. This species is chiefly prepared in Germany. The other kind is insoluble, and is prepared in France, and receives from muriatic acid a more intense green colour, whence it may be presumed to be purer. Viewed through the microscope, German digitalinum presents itself under the form of translucid crystals; French digitaline, on the contrary, assumes the aspect of an opaque mass, and emits a strong smell of foxglove leaves. These characteristics may assist in detecting the presence of this substance in colourless liquids.

PREVALENCE OF SMALL-POX AT STAFFORD.—The small-pox is prevalent at Stafford; many fatal cases have occurred. What are the statistics of vaccination in that town?

HASLAR AND NETLEY HOSPITALS.—The annual cost of the administration of Haslar, including salaries, wages, taxes, and contingencies, amounts to 14,000*l.* There is accommodation for 1,000 patients. The annual cost of the establishment at Netley, which could contain a still larger number, amounts to about 12,000*l.* a year.

MORTALITY OF STOKE-UPON-TRENT.—Dr. Arlidge, senior physician to the North Staffordshire Infirmary, has just published details of the mortality of Stoke-upon-Trent, chiefly with reference to children and potters. He says that "the mean age of the adult population is forty-six years and a half, while that of adult males in England equals fifty-six. Consumption and diseases of the lungs were the cause of death in 13·50 per 1,000 male potters living, or 1,350 in 100,000. Above 40 per cent. of the whole number of deaths from diseases of the respiratory organs amongst adult males of all occupations happen among male potters. Nearly 60 per cent. of males thus occupied die from diseases of the respiratory organs.

VACCINATION AT GATESHEAD.—From a report by Dr. Henry Stevens, Inspector of Public Vaccination, it appears that at Gateshead during the three years ending Sept. 30th, 1863, there had been registered in the Union 7,900 births, and 5,879 infant vaccinations had been performed by the public vaccinators, being 77·3 per cent. of the births.

ACADEMIE DES SCIENCES.—At the last meeting of this learned body, M. Wöhler, of Göttingen, was elected foreign associate in the place of the late Professor Mitscherlich. The other candidates were De la Rive, Geneva; Agassiz, Boston; Airy, Greenwich; Bunsen, Heidelberg; Hamilton, Edinburgh; Martins, Munich; R. Murchison, London; and Struve, Pultava.

TESTIMONIAL.—On the retirement of Dr. Coucher from the duties of Union Medical Officer of the Melcombe Regis District, the following satisfactory acknowledgment of his services was agreed upon at a meeting of the Board of Guardians held on Tuesday, June 14:—On the motion of H. C. Godden, Esq., seconded by Mr. R. Thomas, it was unanimously resolved,—"That the thanks of the Board be given to Dr. Coucher for the kindness and attention uniformly shown by him for the past six and a half years to the poor of the parish of Melcombe Regis, and that the clerk be requested to convey the same to Dr. Coucher."—(Signed), H. C. Gooden, Chairman.

THE AMERICAN MEDICAL ASSOCIATION.—The American Medical Association, founded in 1847, held its fifteenth annual meeting at New York on June 7, 8, and 9, and seems to have gone off satisfactorily, although the papers which were read are said to have been characterised by marks of haste in their preparation. Delegates came from every part of the Federal States, and the meeting, under the presidency of Dr. Davis, altogether was a successful one. It voted that the introduction of compulsory vaccination into the United States is impracticable, and appointed a committee to memorialise the President in favour of an increase of rank and pay for the medical staff of the army and navy. A motion was carried reprehending the project of rewarding Dr. Morton by a vote of 200,000 dollars now pending in Congress, the Association being of opinion, in the first place, that he had placed himself beyond the pale by taking out patents for anæsthetics and prosecuting charities for invading them, and next that he had been amply rewarded already through private benificence in Boston, New York, Philadelphia, and elsewhere. Numerous committees were appointed to report to the next meeting on various subjects; amongst which were drainage and sewerage, the relations of alcohol, quarantine, microscopical investigations, the aboriginal races, international medical ethics, climatology and epidemics, &c.

BOMBAY SANITARY COMMISSION.—A Sanitary Commission has been appointed for the Bombay Presidency. It is presided over by Dr. Leith, with Dr. Beatty as Secretary, these two officers being relieved from other duty. The other members are Major Martin, of the 4th, and Captain Close. The duties of the Commission are not defined, but they are evidently of a general and not local character.

SURGEONS ON THE FIELD OF BATTLE.—*Apropos* of the necessity for the presence of surgeons on the field of battle, I may mention meeting at Wilderness, under shelter of the breast works, two cases of active hæmorrhage from gunshot wounds—in one the radial required to be ligatured; in the other the brachial. In both cases the loss was profuse, and had begun to tell upon the strength of the man. An aperture of exit for a rifle ball, not generally spoken of in books, is the mouth. In a case occurring two days ago, ball entered left side of the neck, and two or three hours after was coughed up by the patient. For the first time I have seen a death upon the operating table from chloroform. Patient was undergoing an amputation of right arm at shoulder-joint. Chloroform ceased to be administered when the first sleep was made. The arm was removed, and arteries tied, when the patient was discovered to be pulseless. Artificial respiration was had recourse to, but without avail. The man's pulse was good before the operation commenced. He walked without assistance to the table, and he lost but very little blood after arriving there. At the autopsy, four hours after death, the heart was found of very unusual size—nearly as large again as it ought to have been—and both cavities distended with blood, with thrombi formed in them, which extended upwards into the vessel. Death from paralysis of the heart.—American Correspondent of 'Medical Times and Gazette.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 13.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JULY 14.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 15.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 16.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1¼ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JULY 18.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JULY 19.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Canada Medical Journal, No. 1.

Weekly Return of the Births and Deaths in the City of Dublin during the Year 1864.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE SOCIAL SCIENCE ASSOCIATION.—The notice is inserted.

DR. ROBERT FOWLER'S letter is inserted.

REV. H. BROMFIELD.—The letter is inserted, and the success of the cause has our best wishes.

THE HON. SECRETARIES TO THE LLEWELLYN FUND.—The letter is inserted.

DR S.—The question is entirely a legal one, and we advise you to consult a solicitor.

MR. H. B., *South Wales.*—The salary is certainly not in proportion to the area, nor to the number of patients attended; and a representation to that effect made to the local Guardians would perhaps lead to redress.

DR. W.—We have no hesitation in expressing our opinion that the conduct described is highly unprofessional, and ought to be represented to the medical men of the district. It is of no use to ask the opinion of the general public, or to expose the matter in the local newspapers.

Total Suppression of the Liquor Traffic and the Wine Trade.—We have received two communications by the same post, one the Manifesto addressed by the Executive of the United Kingdom Alliance to its members and adherents throughout the nation; and, on the other hand, the Annual Circular of a well-known firm of wine-merchants. The former document relates the history of the measures taken to secure the votes of the members of the House of Commons in favour of the so-called Permissive Bill, and speaks in hopeful terms of the probable success of the Bill at some future period; the latter points to statistics, and not only shows that the sale of wines is augmenting, but alleges the fact as indicating the increasing prosperity of the country. The wine circular, besides giving statistics, argues the question with the teetotallers, and recommends them to apply the same principle of total abstinence to every other indulgence, besides that in liquor, which, when carried to excess, may lead to pernicious results; and it defends the judicious employment of stimulants, both as medicines and as means of rational enjoyment to persons living, as most civilised nations do, in an artificial state of society. By this document we also learn that the vintage of sherry last year was below the average in quantity, but that the supply of port was abundant. The consequence is, that sherry is dearer than formerly, while port is not much, if at all, cheaper.

ALPHA.—The letter is inserted.

THE OBSTETRICAL SOCIETY OF LONDON.—The report has been received.

Medical Transfer and Partnership.

30 BUCKLERSBURY, LONDON.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, as usual, at the above address.

Office Hours, 11 to 4.

Apothecaries' Hall. — The next EXAMINATION in ARTS will be held at the Hall on Friday and Saturday, the 23rd and 24th September, 1864. A Syllabus of the Subjects for Examination may be had on application.

An Examination will again be held in the month of January, 1865.

R. B. UPTON, Clerk to the Society.

PRIZES IN BOTANY.

The next Examination for the SOCIETY of APOTHECARIES' ANNUAL PRIZES in BOTANY will be held, at the HALL of the SOCIETY, on WEDNESDAY, the 10th of AUGUST next, at 10 a.m.

The Prizes consist of a Gold Medal and a Silver Medal, with a Book. Gentlemen will be eligible as Candidates for such Prizes who shall have commenced the SECOND SUMMER SESSION of their Medical Study.—Candidates must send a written notice to the office of the Beadle, of their intention of competing for the Prizes, on or before the 1st August.

By order of the Court of Assistants,

R. B. UPTON, Clerk to the Society.

Apothecaries' Hall,
July, 1864.

Anatomy, Physiology, Pathology, and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas

6 Devonshire street, Portland place.

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Vaccination.—Liquid Vaccine LYMPH, in purity and source guaranteed, in Capillary Glass Tubes, hermetically sealed, which preserves it for any period, supplied to the Profession by Mr. FAULKNER, M.R.C.S., Operative Chemist, &c., Endell treet, Long acre, London, W.C. Three Tubes sent by return of post, with structions, on receipt of 30 stamps.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 2.)

The Causes, Diagnosis, and Treatment.

Partial Separation of the Placenta not Morbidly Adherent.—After the birth of the infant, the uterus generally remains quiescent for a short time before it contracts to detach the placenta. Dr. Murphy has given to that condition of the uterus the very appropriate term of "suspended action," in contradistinction to that of true inertia. Now, a not uncommon cause of hæmorrhage is the *partial* detachment of the placenta before the uterus commences to contract. The only safeguards against flooding are either adhesion of the entire placenta, or the uterus empty of its contents and firmly contracted. Both these points are wanting when hæmorrhage occurs from partial separation of the placenta during an uncontracted state of the uterus. The blood flows through the uterus unimpeded, and escapes out of the uterine sinuses corresponding to the detached portion. The afterbirth is so loosely connected to the uterine wall, that very slight disturbances may give rise to its partial detachment—*e. g.*, exertion of the patient, coughing, the application of strong or unequal pressure on the uterus during the absence of contraction, contraction of only a small portion of the uterus, and premature traction on the cord. Then, again, everything that increases the period of suspended action, or produces inertia, will indirectly make a woman liable to flood from the above cause—such as rapid delivery, exhaustion, pulling the infant away after the birth of the head, instead of allowing its expulsion by the uterus, &c.

Diagnosis.—Externally, the uterus is found large and *soft*, and the patient has no afterpains. On internal examination, the interior of the cervix is felt perfectly flaccid; and when the placenta is situated in its normal position, the insertion of the cord will be out of reach. The hæmorrhage comes on generally suddenly, and a large quantity of blood may be lost in a very short space of time; sometimes, almost before we are aware of the existence of the complication, a goodly stream will have wended its way as far as the back of the knee. When there is total absence of uterine contraction, we have no means of ascertaining whether the portion of the placenta still undetached is morbidly adherent or not, until the hand has to be introduced for its removal.

Treatment.—The object to be attained is to make the uterus contract, and detach the whole of the placenta. Apply firm and equable pressure on the uterus with both hands. This simple treatment is, in many cases, quite sufficient; the flooding is at once stayed, and uterine contraction gradually comes on; and on making a vaginal examination, the placenta will be found lying detached at the roof of the vagina. It may be then removed by a continuance of external pressure or by traction. If pressure does not succeed alone, a dose of ergot should be administered, and cold be applied in conjunction with pressure. Dipping the hands in cold water is the best way of applying the two remedies in such cases. If the placenta still keeps attached, and the hæmorrhage continues, no further time ought to be lost; the hand should be introduced, and the placenta removed.

I may here conveniently discuss the question, as to how long we should wait in cases of retained placenta, from whatever cause, before removing it by the hand. That depends a great deal on the absence or existence of hæmorrhage. If the flooding occurs rapidly and to an alarming extent, and firm pressure should not succeed in stopping it in a few minutes, the introduction of the hand should be at once undertaken; if the discharge is more moderate, a longer time may be allowed to elapse, and other remedies tried first—as cold and ergot. In cases where there is no loss, or so little as not to be worth consideration, we may wait half an hour. If the placenta has not separated in that time, no good will be derived by waiting any longer. Some obstetric authorities advise the delay of an hour, and an hour and a half. I am afraid those gentlemen do not preach what they practise; they recommend that delay in their anxiety to prevent inexperienced hands from doing harm; and I doubt very much whether, in their own practice, they find it expedient to wait so long. If we can avoid the introduction of the hand, of course that is a great point gained; but when we fail to detach the placenta in half an hour, we shall, most likely, have to introduce it sooner or later; and for the reasons I shall now mention, the early removal of the placenta by the hand diminishes very much the difficulties of, and objections to, that operation. If the retention of the placenta be due to inertia, it will generally be accompanied by hæmorrhage before the child has been born thirty minutes, from a portion of it becoming detached by the pressure applied externally. I think all will agree with me as to its advisability in cases where flooding is present. There is no remedy which will overcome the inertia so promptly as the peeling off the placenta with the hand. If the cause of the non-detachment be morbid adhesion, it is still more important to remove the placenta early, because, after a time, the uterus, failing to detach and expel it, contracts upon it so firmly, that passing the hand through the os into the uterus becomes no easy matter. After labour the os very rapidly contracts. Another source of difficulty in removing the placenta, when the uterus is firmly contracted, is the limited space the hand has to work in. About three weeks ago, I was called to assist in a case of adherent placenta. The child had been born more than an hour. The first difficulty I experienced was in getting the hand through the contracted os; then the uterus was also so thoroughly contracted, that the hand completely occupied its cavity. I was some time before I succeeded in detaching the whole of the placenta, on account of the movements of the fingers being so seriously interfered with. About an hour ago, I was asked to assist in a case of twins. The first child had been born an hour. The second was breech presentation, and its delivery was pretty readily effected. About five minutes after, uterine contraction recommenced, and recurred several times in the course of half an hour. The uterus externally was large and hard. The vaginal examination proved that the placentæ were not detached; and as there was no hæmorrhage, it was pretty clear that they were not even partially separated. On passing my hand into the uterus, I found the two placentæ covered a very large space, from the fundus to within an inch of the os, and they were entirely adherent. If I had allowed an hour to elapse before attempting their removal, I should have met with the same difficulties as in the first case, for even in half an hour the uterus had contracted pretty firmly.

The operation causes less suffering when it is performed in the first than in the second half-hour. The pressure of the head on the soft parts in its passage through the pelvis has so numbed their sensibility, that, if the hand is passed into the uterus immediately after delivery, it gives rise to little or no pain. The sensitiveness of the vagina and vulva gradually returns. When I come to speak of irregular or hour-glass contraction, I hope to show that the early removal of the placenta may in some cases prevent that undesirable complication. The detachment of the placenta is very easily effected if its retention is due only to suspended action, or inertia of the uterus. The portion of the placenta which has become detached should be searched for, and the fingers placed between it and the uterus; the rest may be then separated by a combined forward and side-to-side movement of the fingers. The uterus must be steadied outside by the right hand of the operator, passed between the thighs of the patient. The hand and the placenta should not be removed until we are

certain that the whole has been detached, and that contraction of the uterus has set in.

In illustration of hæmorrhage prodnced by partial detachment of the placenta during the suspended action of the uterus, I shall give notes of two cases :—

1. A. R., æt. twenty-two, primipara, was delivered of a male infant after a labour of ten hours. I had but just separated the child from the mother when severe flooding set in. For a short time the blood issued from the vulva like water from a pump. The uterus externally was large and soft ; and on internal examination, the funis was felt passing through the os, its insertion being quite out of reach. I applied strong and continued pressure with both hands over the fundus and sides of the uterus ; a good contraction very soon followed ; and on making another examination, a portion of the placenta was felt protruding into the vagina. It was then removed, partly by external pressure and partly by traction. The uterus contracted firmly, and no further hæmorrhage occurred.

2. The following case I briefly referred to before, in Precaution 17. I was called to attend this woman in her second labour, at eleven p.m. The head was presenting, and the os was the size of a florin. About half an hour after, I was obliged to leave her to go and attend another case. At a quarter-past one, her husband came to say that the child was born, and hoped I would come immediately. I could not at that moment leave the second patient, as the placenta was not delivered. Shortly after, the husband came again, and said I must go with him, as he thought his wife was dying. On entering the patient's room, I first thought she was dead. There was not a vestige of colour in her face or lips, her eyes were closed, and she lay perfectly motionless. I spoke to her and asked how she felt. She very faintly whispered, "I feel so faint ; I can't see." On examining the uterus, I found it as large as if she had not been delivered at all. The first thing I naturally asked for was brandy, and the mother of the patient handed me over a bottle containing about an ounce and a half, at the same time saying that was all they had in the house. This information staggered me, for it being then the middle of the night, I knew no more brandy could be obtained without great difficulty. It seemed to me impossible that this small quantity of brandy would prove sufficient to rally the patient ; not only was she in a most dangerous state of depression from loss of blood, but the very remedy I should have to employ, in order to stop the hæmorrhage, would tend for a time to increase the shock. However, it was no use standing looking at the patient—something must be done. The husband was sent out immediately to get some more brandy. I then rapidly discussed in my mind as to which one of two modes of treatment I should follow in this case. Would it be better first to rally the patient, and wait until more brandy could be obtained before proceeding to remove the placenta and clots ; or had I better at once remove the contents of the uterus, and rally her at the same time ? The first plan was uncertain : I might have rallied the patient, but it would have been only temporary ; and if I could not have got any more brandy in a short time, which was very likely, I should have had to remove the placenta and clots without any means of counteracting the shock of the operation. I determined at once to remove the uterine contents and to order the nurse to make the patient drink the brandy neat at the same time. About half of the placenta was still attached ; on its removal, with a large quantity of clots, the uterus contracted firmly to the size of a man's fist, and the hæmorrhage fortunately was at once arrested. By this means, I killed two birds with one stone ; the patient was rallied, and the flooding stopped. It turned out, after all, that I had to leave the patient in order to find a policeman to assist me in getting more brandy. The patient was in a very dangerous state for several hours, fainting away every few minutes ; but she ultimately recovered.

There is another plan of treatment which some might ask why I did not try. Why did I not attempt to expel the placenta and clots by external pressure ? Because, when the uterus is so distended, as it was in the above case, even if I had succeeded in expelling the contents by pressure, as much depression would have followed. It was most probable, however, that this means would only have been partially successful ; it might have expelled some of the clots, but not have entirely emptied the uterus. In that case, the patient would have been disturbed without any good resulting ; a fresh attack of hæmorrhage might have been brought on ; time would have been lost, and the introduction of the hand required after all. In a case where the patient is hanging between life and death, trifling remedies are almost as bad as none.

HOSPITAL REPORTS.

KING'S COLLEGE.

DISEASES OF THE FEMUR.

(Continued from page 20.)

Treatment of Femoral Coxalgia.—We have seen that the symptoms of this disease are, in the early stages, indicative of an inflammatory character of action, and we must be guided in our treatment accordingly.

Absolute rest must be enjoined and strictly enforced ; in order, therefore, to secure it for the limb, we must have recourse to a leather or to a gutta-percha splint, or to the starched bandage ; in one or other of these appliances, the pelvis, thigh, and leg had better be encased soon after the invasion of the disease. While rest is being thus gained, we must, as a local measure of treatment, use counter-irritation ; and this may at first be accomplished by means of blisters either to the sacrum or to the thigh—posteriorly, behind and over the trochanter major, or, in front, over the site of the pectinæus. The blistered surfaces should then be kept open for some time, till decided benefit was obtained from the application of the blisters. If, however, we should not wish to produce vesication, but merely counter-irritative action, we can apply a number of blisters in rapid succession ; and leaving them on only for a short time, we can effect that amount of irritation which we seek to obtain.

Should we not wish to use fly-blisters we might paint the surface to be blistered with a strong solution of iodine and iodide of potassium in spirits, and then over it lay a piece of lint of a size equal to the extent of surface which we intend to vesicate ; the lint should then be saturated with the iodine solution and have placed over it, to prevent evaporation of the solution, a piece of oil-silk or gutta-percha paper, or, what is perhaps better, a watch-glass, which, being pressed tightly down upon the integuments, effectually prevents all evaporation. Instead of the iodine solution, we may use the strong liquor of ammonia. There is an objection, however, urged against vesicating by means of this last agency ; it is, that the vesicant action is too rapid, and that it is not, therefore, able to withdraw the blood from the interior to the surface, nor to subdue inflammatory processes, nor procure an alterative condition in the joint.

When we apply in rapid succession a number of vesicating agents, our object is, not to procure a blistered condition of the integument, but the greatest amount of irritation short of such a condition ; and this will be found more efficacious than raising the outer from the inner skin by creating an effusion of serum between them ; especially as it can be often repeated, owing to the outer skin not being stripped from off the subjacent tissues and there being consequently no exposure of the sensitive true skin.

If we blister the integument, we must wait till the wound so formed heals, before we can again apply another vesicant ; and the healing process progresses so slowly and takes so long a time to be completed, that the beneficial effects of the first blister will in a certain measure have subsided or passed off, before we can apply a second.

Instead of using such remedial agents, we may have recourse to issues placed either in front over the pectinæus muscle, or behind, in a situation posterior to the great trochanter of the femur. We may make an issue by pinching up the integument in our fingers, then slitting it with a lancet, and in the slit or slits inserting a number of peas, which will prevent the healing of the wound, and will,

moreover, create and keep up a constant drain from the part, in the shape of a purulent or sero-purulent discharge. Another method of making an issue is by means of "firing" the skin in the neighbourhood of the diseased joint, and, afterwards, when each spot so burnt becomes converted into a superficial ulcer, maintaining a discharge by the aid of stimulating dressings.

The best instrument for this firing process is that devised by Dr. Corrigan, of Dublin, and which is known in the Irish schools of medicine by the name of its inventor. It is a small-sized instrument, but can of course be made of any size to suit the wishes of the surgeon; the handle is enclosed in a wooden case, so that the hand of the operator can grasp it when the other extremity of the instrument is heated. The terminal end of the instrument is expanded and somewhat button-shaped, and when it is to be applied to the integument is heated in the flame of a spirit-lamp. The degree of heat is regulated by the forefinger of the hand in which the instrument is retained; the finger being placed on the centre of the body of the instrument, and kept there till the increasing heat occasions positive pain, or till that amount of caloric is generated in the instrument which the operator may consider sufficient for his purpose.

The caustic issue is obtained by the following processes:—A piece of adhesive plaster is folded upon itself several times, so that a number of layers are placed the one over the other; and each adhering to the other, there is formed a firm and certain protective agent to the integument, and which will be found to resist the burning properties of the caustic. In the centre of this shield of adhesive plaster an aperture is made, but of a size smaller than the circumference of the area which we intend the issue should occupy. Were the aperture not thus made smaller than we intend the issue itself to be, the caustic, spreading itself for some little distance beyond the circle of the aperture, would form an ulcer larger than we originally intended, and perhaps so large as to be a source of constant annoyance to the patient, and a too great drain upon the system.

The plaster, with the aperture in it, being put upon the spot where we wish to make the issue, the potassa fusa—for it is the caustic to be used—is rubbed freely over the circle of skin included in the aperture of the plaster, or, if the potassa be made into a paste with the aid of black soap—equal parts of each being employed—the paste should be laid upon the integument, which appears in the circular aperture of the plaster, and should be allowed to remain until the skin be reduced to a sloughy mass. As soon as this condition is produced, a poultice must be applied, and must be regularly renewed, till the slough comes away, when a number of peas must be placed in the wound to insure its being kept open.

The issue should have a healthy appearance, and the discharge issuing from it should have a similarly healthy character; otherwise the issue has a detrimental rather than an improving effect.

Another method of producing counter-irritation, or vesication, or even cauteration, is that by means of the moxa. This had its origination in the East, whence it was introduced amongst us, but without ever coming into very general use. The moxa itself may be made from the fibres of any of the various forms of porous vegetables, from linen, or from cotton saturated with nitre; or from a substance known as German tinder. It should be placed on the spot which we wish to be affected by it, and, when surrounded with wetted pieces of rag, it should be ignited, and made to burn down to the integument till the latter is reduced to an eschar.

The moxa as used amongst the Chinese is obtained from the leaves of the *Artemisia moxa*, a shrub indigenous to China, and a member of the natural family Compositæ (Asteraceæ), and of the Linnean class and order *Syngenesia superflua*.

The plan adopted for its preparation from the Artemisia is that, by the removing of the down from the leaves of the shrub, and then pounding it into a substance like cotton: when this is done, the cotton-like substance is rolled into balls of a conical shape, and set aside for use.

The late Professor Osborne, of Dublin, proposed, and was in the habit of using, the freshly-burned quicklime instead of any other material from which the moxa could be prepared.

The uneasiness, but yet not disagreeable sensation, which at first the moxa produces on that part of the skin where it rests is quickly succeeded by distress and actual pain; these are not, however, of long continuance, as the moxa burning down quickly causes rapid inflammation and destruction of the subjacent parts, so that they are speedily reduced to a black slough, which separates itself from the living tissues in a week or a fortnight, or in any time intermediate.

The effect of the moxa is essentially a slow process, and the inflammatory action induced by it extends so very deeply, that the benefit derived from it can be of no inconsiderable moment.

The treatment should be as follows:—Rest, absolute and perfect, and to be obtained in the manner we have previously mentioned; a succession of counter-irritant applications, or of blisters; an establishing of a discharge, by means of issues, or the moxa; an alterative course of medicine in the commencement; the hydrarg. cum cretâ, with rhubarb and some potash or soda salt, will be found to be very efficacious. The strength should be improved and supported by the best and most nutritious diet, taking care, however, to suit the food to the age of the patient, and to the condition of debility both of the stomach and of the constitution generally, neither so to load the stomach as to hinder digestion, nor to allow a surfeit of food, lest the system be disturbed and feverishness or positive fever be induced, which will thwart our efforts by increasing the patient's debility, and consequently his powers of resisting the progress of the constitutional taint, or of the local disease of which it is the development, and of which it is symptomatic.

Quinine and the muriate tincture of iron may be prescribed, both in the case of children and adults; to the latter we may likewise administer the bichloride of mercury with some preparation of cinchona, or else in, as a vehicle, the compound decoction of sarsaparilla.

Later in the course of our treatment, we must order cod-liver oil, the iodide of potassium, or, for children and females, especially if they be of a delicate habit, the syrup of the iodide of iron, which is an excellent combination of the two metals, and is both an agreeable tonic and a valuable alterative, as well as possessed of directly anti-strumous properties.

The bowels should be kept in healthy action, and, to promote this end, their secretions, especially the biliary, should claim no small attention. Very frequently feverishness is induced by the irregular state of the bowels.

When the joint is in a condition to allow the patient to move about, it is most advisable that he should be transferred to the sea-side, where he may enjoy the benefit of sea-air and sea-bathing.

If we cannot effect a complete cure of the diseased joint, our object should then be to procure anchylosis. When this is accomplished, the patient will yet have excellent use of the limb, because the pelvis and entire extremity will get an increase in mobility dependent upon increased powers of motion in the lower vertebræ.

The condition of the skin should not all through our treatment be overlooked, since it is of importance that it should be kept in as complete action as possible. For this purpose, it may be sponged either daily or every other day with some tepid water-and-vinegar, and then rubbed with a coarse towel or with a flesh-brush, till redness and a glow of heat be educed.

The consequences or sequelæ of femoral coxalgia (some of which we have already mentioned) are:—Anchylosis: this may be very faulty as to the manner in which it alters the position of the limb, flexing it upon the abdomen, inverting and adducting it, shortening it either by an actual displacement or dislocation of the head of the femur, or by a mere elevation of the pelvis on the diseased side. Besides these deviations from its natural position, the limb is sometimes twisted over that of the opposite side.

These errors of anchylosis may all be corrected while the patient is under the influence of chloroform, and the limb can be made to resume almost, if not quite, altogether, its wonted position.

Another of the sequelæ is dislocation of the head of the femur from its socket in the acetabulum to the dorsum ilii. This is the occasion of the shortening. When such a condition supervenes, a false joint will in many instances be created on the dorsum, and in it the head of the bone will come to lie. The cavity, in which the head of the bone rests, may sometimes be so imperfect as to be unworthy the name of even a "false-joint;" and this occurs especially when there has been extensive suppuration, the formation of several abscesses, and, synchronously, a carious state of the dislodged head of the femur.

Dislocation is often attended with, or preceded by, collections of matter, and the resolving of such collections into abscesses; the situations in which these abscesses determine we have indicated in a former part of this paper.

The causes of the head of the bone passing from its natural situation are—First, an alteration and degeneration in the tissue of the bone. The degeneration consists in a reduction of the healthy osseous substance to a carious state, whereby the bone can be and is readily absorbed, and in some cases so much so, that the cotyloid cavity is left unfilled. At the same time that these changes are occurring in the osseous structures, the ligamentous will be found to be implicated in the disease, being either partially or totally destroyed, so that there is a very imperfect retaining force, or, perhaps, none at all affixed to the head of the femur; and hence the facility with which it becomes dislodged.

The second cause of displacement of the head of the femur is destruction of the capsular ligament and of the ligamentum teres as a result of inflammation. There may be no, or almost no, bone disease; the head of the femur may, notwithstanding, be resting upon the dorsum ilii, where it has been thrown by the action of the powerful muscles of the thigh and hip.

A third cause of the femoral dislodgment is a growing-up from the bottom and a filling-in of the cotyloid cavity, so that the head of the bone is in fact pushed from its natural position, and then drawn upon the dorsum by the force of muscular action.

The next consequence of femoral hip-disease to which we shall advert is the formation of matter and the resolution of such collections of matter into abscesses, which in a great number of cases are followed by sinuses that are in themselves most difficult to heal, not alone on account of their actual want of vitalising power, but likewise because of the low state of the constitution generally.

The suppurative processes usually take place in the strumous subjects of the disease, and more especially in those whose health has become debilitated. They occur early in the affection.

The site of the abscesses is generally at first behind the joint, and deeply situated amongst the glutei muscles; but from these places the abscesses travel forwards or downwards, or inwards—that is, towards the inside of the thigh. Sometimes they originate anteriorly in front of the joint, and immediately underneath the pectinæus muscle; in this situation they occasion a no small amount of pain, owing to the pressure they exercise upon the obturator nerve or its branches.

PARISIAN MEDICAL NEWS.

PROGRESS OF SUICIDE IN EUROPE.

The causes of suicide have at all times engaged a large share of the attention of moral philosophers, and we therefore feel no surprise that so eminent an inquirer as M. Legoyt, the head clerk of the Statistical Office at the Ministry of Agriculture and Public Works, should have taken advantage of his important situation to inquire into the circumstances which contribute to the gradual increase of suicide in Europe.

M. Legoyt, a candidate for the seat of free resident member of the Academy, read a paper, in which he establishes the fact that in Bavaria, Denmark, France, Hanover, Mecklenburg, Prussia, Saxony, and Sweden, the statistical returns of cases of suicide betray a more rapid increase than the population, and the figures of general mortality.

Suicide is especially frequent in Northern Germany and in the different parts of Denmark; Sweden and Norway, although inhabited by a population closely allied with that of Denmark, present far more favourable returns. With regard to the frequency of suicide, England, despite the popular prejudice entertained on the subject, is the country in which the crime is least common. Self-destruction rarely occurs in Belgium, Austria, and Spain; France occupies an intermediate rank, and might be classed with the three last-named countries, were it possible to set aside the suicides which occur in Paris, and form the seventh part of those supplied by the whole of the French Empire.

M. Legoyt stated that the amount of females who commit suicide is 30 per cent. only, that the frequency of self-murder is in direct proportion to age, that the smallest number occurs in January and the largest in July, and that married persons attempt the crime less frequently than the unmarried, and much less than widowers. One class of persons, however, supplies a longer list of suicides than any other—viz., those who have been divorced or separated.

The most important point established by M. Legoyt's inquiry is the general and rapid increase of suicide. The author ascribes this melancholy fact to the excessive competition encouraged in every trade, art, and profession, to the universal spreading taste for luxury, to political excitement and unlimited speculation; these causes, all inherent in a highly developed state of civilisation, are more easily pointed out than removed.—'Journal of Practical Medicine and Surgery.'

EXCISION OF THE KNEE.

The Dublin Chirurgical Society and the Société de Chirurgie of Paris have both recently discussed the question of excision of the knee-joint. Mr. Butcher has four times performed the operation, but he remarks that ultimate success depends upon the excessive care bestowed upon the patient, and that the procedure should be attempted under the most favourable circumstances only, and when it is possible to watch the patient with very minute attention.

This view is fully confirmed by the recent returns of American Army Surgeons. Indeed, the 'Revue des Médecins d'Armée informs us that the constantly fatal results of excision of the knee-joint, after the battles of Antietam and Fredericksburg, have caused the operation to be set aside altogether.

M. Verneuil has twice resorted to the procedure with entire success in cases of gun-shot wounds, and thinks himself justified in again inviting the attention of Military Surgeons to excision of the knee. M. Verneuil is, doubtless, indebted to his great skill and experience for his good fortune; but MM. Larrey and Legouest showed that, on the field of battle, the operation is well-nigh impracticable and that, for the present, at least, it cannot be generally applied in a campaign.

M. Velpeau believes that in private practice it will not gain more permanent favour—"not," said the Professor, "on account of any difficulty in its performance, but because it is a more painful, a longer and a more dangerous operation than amputation, both as to its immediate and secondary sequelæ; and more especially, because, in the most successful cases, the preserved limb is rarely less serviceable than an artificial one—a joint cannot be restored, the movements remain very confined and imperfect, and the foot is always much deviated outwards." If, therefore, M. Velpeau's assertion is true, that excision of the knee-joint is frequently fatal, and if, on the other hand, the extremity preserved is less useful than a wooden leg, surgeons will be indisposed to share in M. Verneuil's predilection for a procedure which foreign statistics would seem to have pre-

sented to us in too favourable a light.—'Journal of Practical Medicine and Surgery.'

CURE OF TRAUMATIC TETANUS.

M. Mascarel, a corresponding member of the Society of Surgery, communicated, on the 25th of May, some interesting particulars on a case of traumatic tetanus in which a cure was affected. The patient was an inspector of musketry, who received a gun-shot wound in the lower part of the thigh. Cold irrigations were instituted at once; the injury was inflicted in the month of September, while the weather was still very warm. Trismus soon supervened, and despite the exhibition of a grain of opium every hour, the convulsive action rapidly invaded every part of the body. Two grains of opium were then administered every hour, and the wound was repeatedly dressed with compresses impregnated with a strong decoction of belladonna leaves. In the course of twenty-four hours the spasmodically contracted muscles began to relax, but at the same time vomiting and other symptoms indicative of the absorption of the opium and belladonna set in, and the treatment was discontinued. The tetanic convulsion subsided altogether and a complete cure was effected after an interval of four months, during which a large number of splinters of bone escaped from the wound.

M. Marjolin remarked that in tetanus he had found much benefit from the sudorific method recommended by Dietch. The patient, entirely undressed, is wrapped in a woollen blanket, and warm drinks containing a small quantity of the liquor ammon. acetatis are frequently administered. Copious perspiration follows, and in a short time a remission is observed in the morbid spasmodic action.

In another part of the present number, we report a case of idiopathic tetanus in which the symptoms were allayed by this method, combined with the use of the Calabar bean.—'Journal of Practical Medicine and Surgery.'

REVIEW OF BOOKS.

Stimulants and Narcotics: their Mutual Relations; with Special Researches on the Action of Alcohol, Æther, and Chloroform, on the Vital Organism. By Francis E. Anstie, M.D., M.R.C.P., Assistant-Physician to Westminster Hospital, &c. Pp. 489. Macmillan and Co. 1864.

Recent experiments upon the lower animals, and observations made upon the human subject, both in health and disease, have induced many modern physiologists to doubt altogether the truth of the doctrines long entertained on the subject of muscular and nervous action, and on the operation of certain external agents, whether nutritive or medicinal, chemical or mechanical, upon the living organism. In fact, it would appear that we ought not only to question the accuracy of certain received opinions on these subjects, but to reverse altogether the propositions which have hitherto been advanced. A muscle was formerly supposed to contract in consequence of the application of some stimulating agent, and to relax when the stimulation was withdrawn; but now it seems nearer to the truth to believe that the contracted state of muscle is due to the want of stimulus, and its relaxation to the opposite condition. The muscles contract after death, because the stimulus of life is withdrawn; and the irregular and violent contraction of muscles during life is due to deficient, not to excessive, vital energy. In our notice of Dr. Radcliffe's 'Lectures on Epilepsy, Pain, and Paralysis,' a week or two since, we noticed some of the evidence on which these new opinions rested; and we may state that Dr. Anstie supports Dr. Radcliffe's conclusions.

The title of Dr. Anstie's work conveys, though somewhat imperfectly, the nature of the subjects discussed in his pages, which are devoted to an historical and critical disquisition of the existing doctrines of stimulus and narcosis, a reconstruction of our views as to the use of these terms, and a number of practical researches upon the effects produced by alcohol, ether, and chloroform.

"The existing doctrine of stimulus assumes that all mental excitement, all increased sensibility and pain, all convulsive muscular action, all considerable increase of secretion, and all increase, whether of force or frequency of the heart's action, are caused by, and are the proofs of, a stimulant action upon the organism." These are the doctrines which Dr. Anstie places before us, and which he proceeds to demolish, though in some respects his reasoning is more ingenious than conclusive, and in others he labours very earnestly to prove what is already very generally admitted. Thus, in the case of mental excitement, he argues that the early phenomena of alcoholic intoxication are not really referable to excitement, but to the reverse condition; and that although the emotional and appetitive parts of the mind are in action, the intellect is directly enfeebled. His theory seems to be that, in the ordinary state of the mind, the intellect is in a state of excitement, in its continual effort to restrain and control the wanderings of the fancy or the play of the emotions; while, on the other hand, the effect of alcohol is to depress the powers of the intellect, and thus diminish its efficacy in restraint. This view is novel and ingenious, though certainly paradoxical; but his remarks on the phenomena of sensation are for the most part by no means new, inasmuch as they have long been anticipated by most practical professors of the healing art. He takes considerable pains to prove that neuralgia is caused by deficiency, and not by excess of vital action, and ought, therefore, to be treated by remedies which restore strength, and not by measures which have the opposite tendency. In this recommendation he will have no opponents, though his subsequent observations on inflammatory pain, which he refers to the same category as neuralgic pain, will not, perhaps, meet with such general acceptance, although we ourselves are by no means indisposed to admit, on theoretical grounds, that inflammation is a sign of diminished rather than of exalted vital force. In his views of muscular contraction, in reference to epilepsy and epileptiform diseases, he follows Dr. Radcliffe, and deprecates depletory measures, in which course, again, he will meet with general concurrence; and in reference to the heart, he argues that increased rapidity of its action is often caused by weakness of the organ, or of the constitution—a proposition which is quite incontrovertible.

Dr. Anstie proposes, therefore, to modify or reconstruct the existing doctrine of stimulus; and while retaining the name, he recommends that it should be used to signify, not that excess of vital force which is at present implied by stimulation, but the relief of pain, the removal of muscular spasm, tremor, or convulsion, the reduction of undue frequency of the circulation, the reduction of excessive secretion, the removal of general debility or of special fatigue of some organs, the removal of delirium or maniacal excitement, and the production of healthy sleep, the support of the organism in the absence of ordinary food, and the local increase of nutrition when the nutrition is deficient.

In discussing the question of the distinction between stimulants and narcotics, Dr. Anstie endeavours to prove that there is no inherent difference, but that stimulants and narcotics may be interchangeable terms, the effect depending upon the relative quantity employed. Thus, in the case of the three well-known agents—alcohol, ether, and chloroform—on which Dr. Anstie offers the results of his special researches, each of these substances may be stimulant or narcotic, according to the dose which is employed; and opium possesses the same peculiarity. Hashish, made from Indian hemp, and coca (a Peruvian narcotico-stimulant, from the *Erythroxylon coca*) are used in very large quantities in certain parts of the world, and also possess different properties in proportion to the dose. In reference to the use of these and similar agents, it is remarked as a peculiar fact, that nearly all mankind employ some article, either natural or manufactured, for the purpose of exhilaration or stupefaction—such as opium, tobacco, alcohol, coca, hashish, &c.—and that the moderate use of these substances is attended only by stimulus in the favourable sense in which the word is used by Dr. Anstie. When used immoderately, and only then, narcotic and poisonous effects are produced.

It will readily be understood that Dr. Anstie defends the use of these substances within moderate limits, and that he by no means endorses the views of those who consider alcohol and tobacco to be poisons; he even extends his defence to opium, which he believes to be employed with benefit as a luxury, or rather as a wholesome stimulus, in Oriental countries. He considers alcohol, as used in civilised countries, to be a useful and necessary article of diet; and, brought up in the Medical School of King's College and admiring the views of the late Dr. Todd, he places great faith in its use as a remedy in disease. He thinks that the physiological question as to the exact change which alcohol undergoes in the system has not yet been settled, but he has no doubt that it may often take the place of food; and he gives several striking instances in support of this opinion.

From the above hasty sketch of Dr. Anstie's book, it will be perceived that it comprehends the discussion of a great number of interesting subjects, and that the author treads on much debatable ground. But we have read the work with great pleasure; and although we are not prepared to agree with Dr. Anstie in all his conclusions, we can bestow unqualified commendation upon the learning and ability he has brought to his task, and upon the suggestive and original style in which he has treated some of the most important questions in physiology and practical Medicine.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M.D. Cantab., and C. B. Radcliffe, M.D. Lond., Vol. XXXIX. January to June, 1864. London: Churchill and Sons.

The present volume of this abstract contains, as usual, a very able *résumé* of the progress of Medicine, Surgery, and Midwifery during the last half-year; and the editors appear to have availed themselves of all accessible means of information on these subjects. The volume is got up in the same careful style which has always characterised it, and a few woodcuts are introduced where they are necessary for the elucidation of the text. The report on the Progress of the Medical Sciences is limited to a report on Materia Medica and Therapeutics, and most of the books lately published on that subject are briefly but fairly analysed and commented upon.

Selecta è Præscriptis. Selections from Physicians' Prescriptions, containing Lists of the Terms, Phrases, Contractions, and Abbreviations used in Prescriptions, with Explanatory Notes: the Grammatical Construction of Prescriptions; Rules for the Pronunciation of Pharmaceutical Terms; a Prosodiacal Vocabulary of the Names of Drugs, &c.; and a Series of Abbreviated Prescriptions, illustrating the use of the Preceding Terms, &c. By Jonathan Pereira, M.D., F.R.S. Fourteenth Edition. Pp. 352. London: Churchill and Sons. 1864.

Among the earliest, if it was not the earliest, of the late Dr. Pereira's works was the 'Selecta è Præscriptis,' a little volume which has probably not only helped many a medical aspirant over the *pons asinorum* of Latinity required at some of the Examining Boards, but has also been of some essential service to many practitioners in their daily medical and surgical ministrations. The contents of the book show in a very well-marked manner that facility of description, abundance of illustration, and terseness of style, which distinguished Dr. Pereira's subsequent and larger works; but after the numerous editions which the 'Selecta è Prescriptis' has passed through, we feel that it is unnecessary to expatiate upon its merits, or to do more than to announce the present issue, and to state that it has been brought up in all respects to the standard of the present day.

SIR WILLIAM WILDE.—This distinguished surgeon has lately received an honorary Degree in Medicine from the University of Dublin.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor FERGUSSON's sixth and last lecture "On the Progress of Anatomy and Surgery during the Present Century" commences the number. We give an abstract of this discourse in another part of our Journal.——SIR J. RANALD MARTIN contributes a valuable paper "On Hepatic Diseases in the East Indies," especially Hepatitis, his remarks being founded on his own long experience in the East. He describes two forms of hepatitis—one in which the serous covering of the liver is inflamed, and which is characterised by great pain, with difficulty of breathing and cough, if the upper surface is affected, and hiccup, nausea, and vomiting, when the disease is chiefly seated in the lower or concave surface; and another far more severe and dangerous form of hepatitis, where the parenchyma of the organ is inflamed. In this latter form of the disease the pain is much less, and the symptoms altogether are more insidious; but the formation of abscess speedily ensues, attended very often with a fatal result. Sir Ranald Martin strongly urges the adoption of prompt and energetic measures in the treatment of this affection; and without regarding the theoretical views of some writers (chiefly European, and who have not seen the disease in tropical countries), he advises general blood-letting and the use of calomel, and when the acute symptoms have subsided, the persevering administration of the nitro-muriatic acid internally, and its application externally, in the form of baths, both general and local.——Dr. JAMES A. SEWELL communicates a paper "On the Use of Tea as a Remedy in Coma," and he relates several instances in which the administration of this herb has been attended with the most beneficial effects. In one case in particular, a person had swallowed, for the relief of some spasmodic affection, the enormous quantity of two ounces and a half of Battley's sedative solution; in about eight hours she became comatose, was unable to swallow, and appeared to be sinking so fast that the stomach-pump could not safely be employed. Dr. Sewell, therefore, recommended the injection of a pint of the strongest possible infusion of green tea by the rectum, and he believes that the successful result was fairly attributable to this treatment.

THE 'MEDICAL TIMES AND GAZETTE.'

We have now to pass in review the sixth lecture of Professor Fergusson on the subject of "The Progress of Surgery during the Present Century." The lecture opens with a reference to the fact noted by Dr. Humphry, of Cambridge, and by Mr. Pemberton, of Birmingham, that, when the joint is excised in those who have not done growing, the limb so operated on becomes, after a time, shorter than the other, not only by the length removed, but also by an actual arrest in its growth, and that this shortening may sometimes be so much as nine inches. Dr. Humphry has pointed out that the long bones—and of these the femur especially—grow for the most part from their cartilaginous or epiphysal extremities, but especially from their lower ends; if, therefore, the femur be deprived of that part of

itself where growth takes place most quickly, or nearly almost altogether, it cannot grow in the same ratio as the bone of the opposite side. This is a ground of objection to the operation in the young subject; moreover, in such cases, the anchylosis after the operation is not always of a firm osseous nature, as was demonstrated in two subjects, of whom one was a patient of Mr. Pemberton, and the other of Dr. Keith, of Aberdeen. Professor Fergusson considers the hazard to life to be less in the case of excision of the knee-joint than in that of amputation of the thigh, and that excision of the elbow is not at all a safer operative procedure than is amputation above that joint, though in either instance a fatal result is infrequent. The evils—and their name is legion—attendant upon amputation should be sufficient to deter the surgeon from such a measure, unless it cannot possibly be avoided, or unless the condition of the parts requiring surgical interference is of such a character as to preclude the idea of excision of the joint. So much of a limb is retained and preserved for use to the patient when mere excision is practised, that it is a positive absurdity to compare this method of operation with that of amputation: in one case an artificial leg has to be worn, while in the other the natural limb is allowed to remain. In distortion after knee-joint disease amputation instead of excision is wholly unwarrantable, except in some very particular cases. A shortened limb, even though diminished in length to the extent of nine inches, is far better than none at all. Such is the reasoning of Mr. Fergusson. A stump is characterised as "barely little more than a peg whereon to hang an artificial limb." Shortening can be obviated by the wearing of a high-soled boot or shoe. A stump does not improve with time; while the converse holds good in the case of a limb in which excision has been performed, the thigh, leg, and foot becoming increased in their muscular power and vigour, the calf of the leg being especially well developed. The very great value of the feet, as shown in the history of the famous gymnast, Harvey Leech, is dwelt upon at some length in order clearly to demonstrate the loss sustained by the economy in the removal of such members, when they are at all capable of performing their offices. Professor Fergusson adheres to his original opinion that excision of the knee-joint is perfectly justifiable in the growing patient, even though the consequence may be an arrest in the growth of the leg as regards its length; and this opinion he rests on the fact that the leg left to the patient after such an operation is far preferable to any stump, no matter how good it may be. A case illustrative of the benefit gained by even a second incision, where the first had failed to effect the object sought to be obtained, is brought forward, and this is stated to be a preferable mode of treatment to amputation as a secondary alternative. Cases in which the knee is bent and the entire limb shortened, flaccid, and so useless that the patient is forced to use a crutch, may regain a valuable limb by the removal of the stiffened or anchylosed ends of the bone, by then straightening the leg and treating it in the same manner as we should adopt had compound fracture been the lesion. This kind of operation had been carried out by Mr. Price, and was decidedly a better remedial measure than the removal of a wedge-shaped piece from the head of the tibia, as recommended by Mr. Burton. In one instance Mr. Fergusson has performed excision of the knee three times, and with most excellent result.——Under the head of "Original Communications," Mr. BARRON, of the Isle of Wight Infirmary, contributes "A Case of Large Fatty Tumour removed from the Buttock." The patient was in delicate health at the time of operation, and the tumour measured before the operation thirty-six inches in circumference, and twenty-two in its greatest diameter, which was from above downwards; the weight was 30lbs. The operation had been resorted to at the earnest entreaties of the patient, who, in the commencement of the disease, had strenuously refused all surgical aid. The tumour had taken six years to attain its present size, and had of late years taken on a rapid growth. It was semicircular in shape; in some places it was elastic; in others it gave, when tapped with the fingers, the sensation as of fluid contents, though none escaped when a trochar was introduced. The tumour was excised; only six ounces of blood were lost. The wound had a healthy aspect; the patient woke to consciousness very soon after the completion of the operation, but only to sink rapidly from debility, aggravated by incessant vomiting.—— A "Case of Cystin-Calculus" is communicated by Dr. WARNCKE, for the translation of which the Journal is indebted to Dr. Moore, of Dublin. The calculus lay in a pouch in the bladder and had been removed by Professor Buntzen; its weight is nearly 600 gr.; in size it is about that of a small hen's-egg, and measures 1¾ inches in length, and 1 inch and 5 lines in breadth; it is uneven on its surface, which is likewise of a dull yellow glistening appearance; its section is smooth, greasy, and laminated.

INCREASE OF INSANITY.—The following facts appear in the annual report of the Commissioners in Lunacy to the Lord Chancellor, which has just been published. These gentlemen state that in January, 1849, the number of insane in our asylums amounted to 14,560, and in January last they had risen to 28,285. Fifteen years ago there were in asylums of every description 10,801 paupers, whereas we have now as many as 22,958 belonging to this class. The singular disproportion between the sexes in pauper and private patients deserves notice. Three years ago the women exceeded the men in the pauper class, and in the private just the reverse. According to the last return, in the pauper class the number of women exceeded that of the men by 2,000. In the private class the number of men exceeded that of the women by 795; whereas, in 1849, the number of females exceeded that of the males in this class. The explanation of this circumstance was due to the introduction in former returns of several classes of male patients not previously included—as, for instance, those belonging to the army and navy. Another very important and remarkable statement, as showing the public estimation of private and public asylums respectively, is exhibited in the fact that fifteen years ago there were in licensed houses nearly as many patients as in hospitals and county asylums; whereas we now find that in the latter there are more than five times as many patients as in the former. On January 1, 1849, there were 6,931 patients in private asylums and 7,269 in public. In the former there are now only 4,455, and in the latter as many as 23,830. The Commissioners in Lunacy exercise a watchful care over the welfare of 44,695 persons of unsound or defective intellect.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 20, 1864.

THE CONSTITUTION OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the anniversary dinner which lately took place on the occasion of the election of Councillors to the Royal College of Surgeons of England, Mr. Arnott, the chairman, referred in terms of justifiable eulogy to the magnificent results achieved by some of the corporations of this country, including those connected with the Medical Profession. He referred in particular to the scientific growth of the College of Surgeons, which, without any assistance from the State, had raised up and maintained a splendid museum and a most extensive and well-selected library, the former having originated in the purchase of John Hunter's collection, which was rejected by the Government of the day. But when Mr. Arnott included the London University in the same category with the College of Surgeons, and pointed to the scientific eminence of that body as another instance of independent vitality, he committed an egregious mistake, inasmuch as the London University owes its eminence to those very circumstances of Government support in which the College of Surgeons is entirely deficient.

The London University, in fact, *is* supported by the Government; and if it had not been so sustained, it would have been strangled in its birth, notwithstanding the high character of its office-bearers and the enlightened schemes of education and examination which it has devised and promulgated. In a pecuniary sense, it has *not* been successful; and, at the present moment, it neither pays its ordinary expenses nor has it even a building of its own wherein to hold its meetings, not to mention the entire absence of any museum or library, or any other visible evidence of its existence. It is merely an examining body, partly self-supporting and partly maintained by the nation; and it has been enabled to take a high stand as an educational corporation chiefly by the possession of that Government support which is withheld from most other corporations. We do not mention these circumstances in disparagement of the London University, but with a totally opposite sentiment, as we shall presently show.

In contradistinction to the London University, the College of Surgeons of England has been, in a pecuniary sense, highly successful; and the evidence of this success is manifest in the stately building which adorns one side of Lincoln's-inn fields, the extensive and really unrivalled museum which that building contains, the well-stocked library under the same roof, and the munificent salaries enjoyed by many of the officers of the establishment. All this is done, it is true, without any Government or other public assistance, and the whole of the cost is defrayed by sums of money extracted from the pockets of a very hard-worked and ill-paid Profession, in exchange for diplomas. But can it be said with truth that the College of Surgeons has done much in promoting the diffusion of general science, or even of surgical science, among the members of the Medical Profession, or that it has taken the lead in any of those great movements by which the present era of Medicine has been distinguished? Why, so far from this having been the case, the College has adopted no improvements at all, until they have been forced upon it from without; and its whole aim and object appear to have been to make money to turn into the College coffers. An examination in Surgery, which, even now, is of a most superficial character and wholly unworthy of the present state of science; the sale of a great number of fellowships at ten guineas a piece, the fellowships by examination being comparatively very few; the institution of a separate midwifery examination, with no other object on earth that we could ever discover except to screw out from some foolish persons a few guineas more; and the grant of licences in Dentistry, with apparently exactly the same object;—all these are the recent doings of the College of Surgeons, which does not even pretend to be actuated by any other motive than the accumulation of money for the maintenance of the institution. It is quite true that the institution is, in its material aspects, an honour to the country; but in its relations to the Profession, it deserves anything but unqualified commendation.

Until within a very recent period, the examinations for the membership of the College were perfectly childish—a few questions being asked and answered, in the space of about a quarter of an hour or twenty minutes, formed the only ordeal to which the candidate was subjected, except the extraction of twenty guineas from his pocket. For this sum he received a diploma, signed, indeed, eminent by many members of the Surgical Profession, but really conveying no assurance that he had been either thoroughly educated or carefully examined. In later years, it is true that the examinations have somewhat extended and improved; but they are still very far below the exigencies of the occasion, and utterly insufficient as tests of a competent knowledge on the part of the candidate, as has lately been abundantly proved by Dr. Parkes, in his speech on the Army Medical Examinations, made at the last meeting of the General Medical Council.

Now, the practical deduction we would make from these remarks is, that the price of the diploma ought to be less, and the examination ought to be more efficient. The answer we should receive would of course be, that if such a plan were adopted the finances of the institution would suffer, and, in fact, that the diploma is offered on easy terms, as far as intellectual ability is concerned, in order to attract as many candidates as possible within the portals of the College. But it is perfectly monstrous that an institution, however splendid may be its exterior, or however valuable its contents, and we may add, however eminent its governing body, should be supported solely by the granting of diplomas; and we may add further, it is an abuse of the most flagrant kind that the Examiners and the Governing Body should be virtually the same persons, and that they should draw enormous salaries depending entirely on the number of candidates who are passed. It is quite idle to assert, what no doubt is perfectly true, that the examiners are

men of the highest personal honour, and moreover, that they are paid so much for each candidate, whether successful or not; the fact still stares us in the face, that the institution itself and the salaries of the examiners depend almost wholly upon the number of diplomas granted, and therefore the same stringency which is shown at the London University cannot be observed at the College of Surgeons.

Surely it would be better for the State to take upon itself the care of the really magnificent museum and library, which are national objects of admiration, and thus to relieve the College of what must be considered a traffic in diplomas. If such had been, or were now, the case, and if the examiners had been younger men, and liable, like other examiners, to periodical removal from office, the examinations might be real tests of professional attainments, and we should never have heard anything of special examinations and diplomas in Midwifery or in Dental Surgery, which are mere expedients to fill the College exchequer, and were never intended either to promote the progress of science, or to add to the dignity or the honour of the Medical Profession.

THE ROYAL COLLEGE OF PHYSICIANS AND THE APOTHECARIES.

Our contemporary, the 'Lancet,' has been amusing itself and its readers by a piece of jocularity for which we really should not have thought of giving it credit. It appears that a few gentlemen holding the licence of the London Apothecaries' Society have requested to be admitted as Licentiates of the Royal College of Physicians on some easy terms which are not definitely announced, but the main features of which, as far as we can learn, are the exemption from examination, and the non-payment of any fees, or at least the payment of nominal ones—say half a sovereign, for instance. For this privilege, to be granted in such a liberal manner, the petitioners magnanimously offer to present, in exchange, the license they already hold from the Apothecaries' Society.

That the College will grant so absurd a request is highly improbable, especially as it has nothing to gain by the concession. If, indeed, some ten thousand members of the Medical Profession were to offer ten guineas each as the price of the College Licence, the Council might hesitate in declining the golden prize; but still, notwithstanding the act of injustice and wrong which they committed to their own members in 1860, by selling for ten guineas the diplomas which were formerly obtained only by the payment of nearly six times that sum and the ordeal of a strict examination, we do not believe that the College would be guilty of so flagrant a breach of common honesty as that which it is now asked to commit. It has instituted an examination for such persons as choose to submit themselves to the trial, and the examiners are gentlemen of reputation and character; the terms of the examination are, moreover, lenient to those who are already in practice or in possession of other medical licenses and diplomas, and the fee to be paid is by no means immoderate. If, therefore, any gentlemen aspire to the College Licence, they can obtain it in the same way that they may obtain any other professional title or distinction—namely, by conforming to the rules laid down by the various Medical Examining Boards.

It is needless to waste words upon such a preposterous proposal, which cannot have been ever seriously made, and to which the College cannot accede without a total sacrifice of all self-respect. If the College licence is worth having (and we by no means assert that it is not), it is worth working and paying for, and its sale for a sum of money, or its gratuitous distribution to all comers, would be simply disgraceful to the College, and would be a re-enactment of the contemptible farce so often played by needy or unscrupulous vendors of degrees, or hunters after popularity. Already the finger of scorn points at certain German degrees, bought and paid for like tobacco-pipes, or any other saleable commodity, and the College of Physicians would sink into the lowest abyss of degradation if it followed so flagitious an example.

If the proposal was intended as a "feeler," it has evidently failed in its aim; for the very same Journal which promulgated it and promoted its object, now fills its pages with correspondence containing contemptuous denunciations, not only of the folly, but of the flagrant dishonesty of the scheme, especially towards those who have already obtained the licence by the usual means.

SUMMARY OF THE WEEK.

THE GRIEVANCES OF THE ARMY MEDICAL OFFICERS.

The Metropolitan Counties' Branch of the British Medical Association has, with praiseworthy perseverance, followed up their interview with the Secretary at War by subsequent deputations to the Commander-in-Chief and to the Director-General of the Army Medical Department. We regret that we have not room for the insertion of the particulars of these interviews, of the representations made by the different speakers, or of the answers made by the persons in authority. But we the less regret this omission, as the memorials and the remonstrances made by the deputations appear to have produced very little impression upon the parties addressed, more especially the Commander-in-Chief, his Royal Highness giving to every remark the stereotyped answer, that the redress sought for was either inconsistent with the maintenance of discipline in the army or would interfere with financial arrangements. He held out no hope whatever that the authorities at the Horse Guards would concede any of the points so strongly urged by the advocates of reform in the Army Medical Service. The Director-General of the Army Medical Department expressed his great sympathy for the members of the service of which he is the present chief, and showed that the withdrawal of the Warrant of 1858 had taken place before he was appointed to office. His observations to the deputation on the subject of the present dearth of candidates for the Army Medical Service, and on the means at present being taken for supplying it, were very unsatisfactory, and seemed to show that the Army autho-

rities did not wish to encourage first-class men to enter the service.

MR. WALTER COULSON AND THE HOSPITAL FOR STONE.

Mr. Walter Coulson has involved himself in some trouble by an unfortunate speech made by him at a dinner lately held in order to promote subscriptions for an Hospital for Stone, to which he is attached. He was reported in one of the daily newspapers to have represented the mortality of cases of stone in the general hospitals to be enormously high; while, in the process which the Stone Hospital proposed to adopt, not one case in fifty would be lost. He moreover was said to account for this great mortality in the general hospitals by the circumstance that those establishments could not afford sufficient time for the cases admitted, and that, therefore, a special institution was necessary for the treatment of stone. This extraordinary speech attracted so much attention that the general hospitals were compelled, in a measure, to defend themselves from the imputations thus thrown out against them; and Mr. Walter Coulson then complained that his speech had been misreported. But then came evidence from parties present at the meeting as to the substantial truth of the report; while others, friends of Mr. Coulson, represented that that gentleman had only instituted a general comparison between the mortality from lithotomy as compared with that from lithotrity. The truth probably is, that Mr. Walter Coulson, in his injudicious zeal for the new hospital, which the 'Lancet' calls "a notorious house of professional ill-fame," made some remarks which he would have done better to withhold; but as he is a young man, and the observations were made after dinner, the animadversions on his speech will teach him to be more cautious in future.

GENERAL CORRESPONDENCE.

ALLEGED BREACH OF PROFESSIONAL ETIQUETTE.

To the Editor of the Medical Circular.

SIR,—Will you kindly insert the accompanying correspondence. You will see that Mr. Adams still stoutly denies the truth of the statements contained in my letter to the College of Surgeons, but which I, on the contrary, persistently assert.

The action which my solicitors have commenced against that gentleman will afford us the opportunity for which I am, and I should think Mr. Adams must be, most anxious, to have the question submitted to a jury; and I feel sure that Mr. Adams will not permit any technicality to be interposed so as to prevent the real question—"Aye or no", are the statements "true" or "false"?—from being submitted for its decision. I am, &c.,

J. JONES.

London, 12 South square, Gray's inn, W.C.,
July 4th, 1864.

SIR,—My attention has been directed to a letter purporting to be signed by you, which appears in the 'Medical Times and Gazette' of Saturday last;—its terms are coarse, intemperate, and offensive.

I have to ask whether you are in truth the author; and if so I must insist upon its withdrawal, accompanied by an apology to be first submitted to me, and then published in all the medical papers.

You should, at the same time, express your regret for your conduct on 21st May last, and which was brought by me to the notice of the President and Council of the College of Surgeons.

If this is done, the matter shall end, so far as I am concerned; but if not, you had better direct your legal adviser to place himself in communication with my solicitors, Messrs. Langley and Gibbon, 32 Great James street, Bedford row, whom I shall instruct in due course.

I am, &c., J. JONES.

John Adams, Esq., St. Helen's place, Bishopsgate.

4 St. Helen's place,
July 6, 1864.

SIR,—I beg to acknowledge the receipt of your letter of the 4th inst., in which you ask me to retract and apologise for expressions employed in my letter to the 'Medical Times and Gazette,' which you designate as coarse and intemperate. You must remember that your insinuation of unprofessional conduct, in your statement in the same paper, provoked those expressions.

Nevertheless, although I explicitly deny the truth of your statements, as I believe you have been influenced by erroneous information, I shall not hesitate to retract those hasty expressions contained in my letter; and, I need not say, this retraction necessarily implies an apology for the same. I have explained my conduct in Metzner's case, in a communication I have sent to the 'Medical Times and Gazette' in answer to one from you.

I am, &c., JOHN ADAMS.

Jno. Jones, Esq.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

	£	s.	d.
Henry Ewen, Esq., Wisbeach	0	10	0
A. B. Ewen, Esq., Wisbeach	0	10	0
J. Smart, Esq., Bethnal green	1	1	0
Robert Cuff, Esq., Holborn	0	10	6
J. Blundell, Esq., St. Helen's, Lancashire	1	0	0
J. Bryant, Esq., Clerkenwell	0	5	0
Dr. W. Garstang, Blackburn	0	10	0
Robert Lamb, Esq., Islington	0	5	0
R. W. Watkins, Esq., Towcester	0	10	6
Dr. J. T. Barrett, Ashton-under-Lyne	0	10	0
G. E. Piper, Esq., Darlington	1	1	0
A. D. Harston, Esq., Islington	1	1	0
Dr. J. Rogers, Strand	1	1	0
Dr. Whiteman, Putney	0	10	6
G. E. Nicholas, Esq., Wandsworth	0	10	6
Amount previously announced	7	2	0

Yours obediently,

145 Bishopsgate st. Without. ROBERT FOWLER, M.D.
July 13, 1864. Treasurer and Hon. Sec.

THE MEDICAL PROVIDENT ASSOCIATION.

To the Editor of the Medical Circular.

SIR,—I am most happy to see the subject of a "Medical Provident Association" again mooted in "Alpha's" letter in your last CIRCULAR. I hope you will lend your powerful aid and put your shoulder to the wheel this time to obtain for us now a strong and good Medical Club, on the principle of the Railway Accident Societies, which give from three to six guineas per week in case of any injury, but not in *sickness*. Why not convert this or the "British Medical and Surgical Association" into a fund of this kind, where every subscribing member will have a just *claim* of this description (according to the amount of his subscription), and a sum at his death to bury him, or for the support of his surviving widow or family, &c.? This would be a far greater boon than their 'Association Journal' or "Benevolent Fund" will ever be; and I have no doubt but, with proper management, it can be carried out with very little extra expense.

Hoping you will not let this important subject-matter drop this time, I am, &c.,

BETA, M.R.C.S.E., L.S.A., and L.M. Dub.,
and an Ex-Member of the Association.

Oswestry, Salop, July 16, 1864.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 17.

Mr. PRESCOTT HEWITT, President, in the Chair.

(Continued from page 30.)

Mr. HUTCHINSON also brought forward a specimen of

MORGAGNIAN CATARACT, WITH DISPLACEMENT OF THE NUCLEUS.

An elderly woman applied at the Moorfields Hospital with double cataract. In the right eye the lens presented the usual grey appearance, but in the left a horizontal line across the pupil divided the opaque lens into an upper white half and lower rich brown one. The line of demarcation was most abrupt, and produced an appearance much resembling that of a parti-coloured agate. It was thought at first sight that the lens must be fluid, and that the coloured particles had gravitated to the lower part; but it was found that, in changing the position of the patient's head, no change in the relation of the coloured and uncoloured parts could be effected. The fact that the line of separation was almost level seemed to negative the idea that the coloured part was the nucleus, which having become loosened had sunk down. Mr. Hutchinson performed extraction in both eyes. The lens of the right was grey in colour, and a little brown towards its middle; its surface was sticky and soft, but not fluid. The lens of the left eye presented the condition of a fluid exterior, with a very hard red-brown nucleus. The latter, quite loose, had sunk down to the lowest part of the capsule. It was not round, but a very long oval, so that its long side, which had lain uppermost, had appeared to cross the pupil, not as a curved, but as an almost straight line. As to the question whether Morgagnian cataracts might be held to indicate unsound eyes, Mr. Hutchinson remarked that there was no reason in this case to suppose that the globe was diseased. It had progressed perfectly well since the operation. The cataract had existed about four years before the patient applied.

Dr. OGLE related the following

CASE OF CARIES OF THE FIRST AND SECOND CERVICAL VERTEBRÆ—FISTULOUS OPENING COMMUNICATING WITH THE DISEASED BONE—RUPTURE OF TRANSVERSE LIGAMENT—SUDDEN DEATH BY PRESSURE OF ODONTOID PROCESS UPON THE SPINAL CORD.

The patient, aged sixteen, was the subject of intense pain, shooting from the neck to the top of the head, and of almost complete inability to move the head, along with great rigidity of the sterno-cleido mastoid muscles on both sides. Through the fistulous opening at the back of the neck above alluded to, dead bone could be felt. Loss of power over the left arm and leg came on; afterwards, paralysis of the sphincters and loss of power in all the limbs. He died whilst attempting to raise his head in bed. On post-mortem examination the spinal cord corresponding to the axis was quite softened, the result, no doubt, of pressure of the odontoid process. For the opportunity of exhibiting the specimen, Dr. Ogle was indebted to Mr. Barber, surgeon to the Sheffield Infirmary. Dr. Ogle related in connection with this case three others of disease of the upper cervical vertebræ.

The first was the case of the late Dean of Westminster, the Very Rev. Dr. Buckland, in whom, after death, he had found *extensive caries of several of the upper cervical vertebræ, including the odontoid process, with great destruction of the ligamentous structures.* The "transverse ligament" was much diseased, and easily ruptured, but it had not actually given way before death. The occipital bone around the foramen-magnum was also carious. The brain and cerebellum were healthy, excepting a slight amount of fatty degeneration of the capillaries in places.*

* The specimens of diseased vertebræ and occipital bone have been deposited by Mr. F. Buckland in the museum of the Royal College of Surgeons.

The second case alluded to was one of *caries of the first and second cervical vertebræ and abscess communicating therewith, rupture of the "transverse ligament," and sudden death from dislocation of the odontoid process.* The patient was an inmate of St. George's Hospital, in whom, before death, the loss of power in moving the head became so affected that it had to be kept fixed by means of a pillow of sand.

The third case was one of *caries of the first and second cervical vertebræ and of the base of the cranium, with enlargement of the odontoid process, and softening of the corresponding part of the medulla oblongata.* Intense pain came on, following what was thought to be a "stiff neck," and eventually he was obliged to support his head with his hands. Twitchings of the arms, dyspnœa, and dysphagia came on. Before death speech failed him, and dyspnœa became extreme.

Dr. OGLE also described the following case:—

HEMIPLEGIA ON THE RIGHT SIDE—SOFTENING OF THE BRAIN ON BOTH SIDES—PLUGGING-UP OF BOTH MIDDLE CEREBRAL ARTERIES BY FIBRINOUS COAGULUM—FIBRINOUS MASSES ADHERENT TO THE MITRAL VALVE-FLAPS AND TO THE LINING OF AURICLE, WHICH WAS ULCERATED AND THE SEAT OF CALCAREOUS DEPOSIT.

The case was that of an anæmic girl, aged twenty-one, who, a few days before admission into St. George's Hospital, had had some sort of a "fit." Her face was anxious; her articulation defective; her words being "clipped," and running one into the other. There was almost complete motor paralysis of the right arm and leg, the tactile sensibility of the skin being much exalted. Later on she miscalled objects and used "wrong" words. An albuminous state of the urine came on, also great quickening of the respiration and circulation. She sank and died three weeks after admission. After death softening of the *left* corpus striatum and of the anterior part of the middle cerebral lobe on the *right* side was found; also plugging-up of the commencement of both middle cerebral arteries by fibrinous coagulum, and masses of fibrin adherent to the heart's valves and inner surface of left auricle, as above stated. Blocks of fibrinous material also existed in one kidney.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ABSTRACT OF THE

REPORT OF THE COMMITTEE ON CHLOROFORM.

In laying their report before the Council of the Medical and Chirurgical Society, the Committee on Chloroform desire to state that they have made comparatively little reference to the medical portion of the subject. This is not due to their thinking the medical uses of chloroform of little importance, but to the fact that but few replies to their inquiries upon this point have been received.

In view of the great extent of the subject submitted to their consideration, the committee directed their attention to such points as appeared to them of chief practical importance. Thus their observations respecting the action of chloroform on the nervous system, and their remarks on some other points, are less full than would have been desirable had the committee regarded such details as of equal importance with those specially elected for investigation—such as its influence on the action of the heart and on respiration.

The committee have chiefly confined their physiological report to observations which they have themselves made. Without overlooking or neglecting the labours of former investigators, they have endeavoured rather to furnish an accurate account of experiments which they have observed carefully and together, and to compare the results thus obtained and agreed upon with the phenomena of cases in which death or peril of life has arisen from the inhalation of chloroform in the human subject.

Physiological Conclusions.—The sequence of the phenomena produced by chloroform inhalation in animals is similar to that observed in man, and if the same percentage of the agent be administered the results produced are

nearly uniform. The first effect of chloroform vapour is to increase the force of the heart's action; but this effect is slight and transient, for when complete anæsthesia is produced, the heart in all cases acts with less than its natural force. The strongest doses of chloroform vapour, when admitted freely into the lungs, destroy animal life by arresting the action of the heart; whilst by moderate doses the heart's action is much weakened for some time before death ensues, respiration generally, but not invariably, ceasing before the action of the heart, death being due both to the failure of the heart's action and to that of the respiratory function. The danger attending the use of chloroform increases with the degree of stupor it induces; the apparent irregularities in the action of the anæsthetic mainly depending on the varying strength of the vapour employed, on the quality of the chloroform, and on the constitution of the patient. In order that it may be administered with comparative safety it is necessary that the proportion of vapour should not exceed 3½ per cent., that its effects should be carefully watched, and the inhalation suspended when the required anæsthesia is induced.

In many respects the action of ether is similar to that of dilute chloroform. At first its vapour increases the force of the heart's action—an effect which is both greater and of longer duration than that observed with chloroform. The stimulation is followed by a depression of the force of the heart's action, but at the same degree of insensibility ether does not depress the action of the heart to the same extent as chloroform. Eventually ether kills partly by enfeebling the action of the heart, but chiefly by arresting the movements of respiration. Thus the energy with which chloroform acts, and the extent to which it depresses the force of the heart's action, render it necessary to exercise great caution in its administration, and suggest the expediency of searching for other less objectionable anæsthetics. Ether is slow and uncertain in its action, though it is capable of producing the requisite insensibility, and is less dangerous in its operation than chloroform. On the whole, however, the committee concur in the general opinion which in this country has led to the disuse of ether as an inconvenient anæsthetic.

A mixture of ether and chloroform is as effective as pure chloroform, and a safer agent when deep and prolonged anæsthesia is to be induced; though slow in its action, it is sufficiently rapid in its operation to be convenient for general use. A mixture composed of three parts of ether, two parts of chloroform, and one part of alcohol (by measure), is to be preferred on account of the uniform blending of the ether and chloroform when combined with alcohol, and the equable escape of the constituents in vapour; and the committee suggest that it should be more extensively tried than it has hitherto been in this country.

Effects of Chloroform on the Fauces.—The sudden administration by the mouth of concentrated chloroform vapour induces a spasm of the fauces which lasts for some seconds; afterwards, when the animal has inspired, the phenomena of asphyxia are for a time, associated, with those of chloroform poisoning, and death is finally induced as by dilute chloroform. If, however, partial insensibility is first induced by weaker chloroform, no spasm of the fauces ensues upon the sudden administration of the concentrated form of the agent.

Post-mortem Appearances.—Judging from the observations on animals,—the appearances in the human subject having been noticed in but few cases, and being insufficient for yielding satisfactory conclusions,—it appears that though there may, in certain cases, be an impediment to the free circulation of the blood through the lungs, yet the appearances are very different after death has been caused by chloroform from those observed when life has been destroyed by asphyxia. In death from chloroform, all the cavities of the heart are distended, and the cases are only exceptional in which the left side is empty. The rule, however, is alike in both: that the cavities of the right side contain more blood than those of the left.

Resuscitation.—The most certain means of restoring life after poisoning with anæsthetics is by artificial respiration. By this means resuscitation may generally be accomplished after natural respiration has ceased, provided the heart continues to act, and it may *sometimes* be effected even after the cessation of the heart's action; but this result is exceptional. Galvanism resuscitates within the same limits as artificial respiration; it is, however, far less to be relied on than artificial respiration in equal cases. With either remedy it is found that animals quickly rendered insensible by a strong dose are more easily recovered than those which have been gradually narcotised even by a small percentage of the anæsthetic.

Rules relating to the Administration of Chloroform.

The anæsthetic should on no account be given carelessly, or by the inexperienced; and when complete insensibility is desired, the attention of its administrator should be exclusively confined to the duty he has undertaken.

Under no circumstances is it desirable for a person to give chloroform to himself.

It is not advisable to give an anæsthetic after a long fast, or soon after a meal; the best time for its administration being three or four hours after food has been taken.

If the patient is much depressed, there is no objection to his taking a small quantity of brandy, wine, or ammonia, before commencing the inhalation.

Provision for the free admission of air during the patient's narcotism is absolutely necessary.

The recumbent position of the patient is preferable; the prone position is inconvenient to the administrator, but entails no extra danger. In the erect or sitting posture there is danger from syncope. Sudden elevation or turning of the body should be avoided.

An apparatus is not essential to safety if due care be taken in giving the chloroform. Free admixture of air with the anæsthetic is of the first importance, and guaranteeing this, any apparatus may be employed. If lint, or a handkerchief, or a napkin is used, it should be folded as an open cone, or held an inch or an inch and a half from the face.

The anæsthetic should invariably be given slowly. Sudden increase of the strength of the anæsthetic is most dangerous. Three and a half per cent. is the average amount, and four and a half per cent. with ninety-five and a-half of atmospheric air is the maximum of the anæsthetic which can be required. Given cautiously at first, the quantity, within this limit, should be slowly increased according to the necessities of the case, the administrator being guided more by its effect on the patient than by the amount exhibited.

The administrator should watch the respiration of his patient, and should keep one hand free for careful observation of the pulse.

The patient who appears likely to vomit whilst beginning to inhale the anæsthetic should be at once brought fully under its influence, and the tendency to sickness will then cease.

The occurrence during the administration of an anæsthetic of sudden pallor or of sudden lividity of the patient's countenance, or sudden failure or flickering of the pulse, or feeble or shallow respirations, indicates danger, and necessitates immediate withdrawal of the anæsthetic until such symptoms have disappeared. On the occurrence of these symptoms, and especially if they should become so urgent as to threaten death from failure of respiration, of heart-action, or of both together, the following rules of treatment are to be observed:—Allow free access of fresh air; pull forward the tongue, and clear the mouth and fauces; keep or place the patient recumbent; dash cold water on the face and chest, and aid the respiratory movements by rhythmical compression of the thorax. In the more threatening cases artificial respiration must be commenced instantly; and this rule applies equally in all cases, whether the respiration has failed alone, or the pulse and respiration together. Galvanism may be used in addition to artificial respiration, but the artificial respiration is on no account to be delayed or suspended in order that galvanism may be tried.

Few if any persons are unsusceptible of the influence of chloroform, from two to ten minutes being required to in-

duce anæsthesia. The time, however, varies with age, temperament, and habits.

The mixture of chloroform, ether, and alcohol should be given in the same way as chloroform alone; care being taken, when lint or a handkerchief is used, to prevent the too free escape of the vapour.

Use of Chloroform in Surgical Operations.

With heart-disease the anæsthetic may be given in any case which requires an operation, although, when there is evidence of a fatty, weak, or dilated heart, great caution is demanded. Valvular disease is of less importance.

In phthisis, when an operation is unavoidable, the anæsthetic may be given with impunity.

For all operations upon the jaws and teeth, the lips, cheeks, and tongue, the anæsthetic may be inhaled with ordinary safety. By care and good management the patient may be kept under its influence to the completion of the operation. In these cases, blood as it escapes, if not voided by the mouth, passes into the pharynx. If any small quantity finds its way through the larynx, it is readily expelled by coughing. In operations upon the soft palate, fauces, pharynx, and posterior nares, if sudden or severe hæmorrhage is likely to occur, it is not advisable to induce deep insensibility.

In cases requiring laryngotomy and tracheotomy the anæsthetic may be employed with safety and advantage.

For operations upon the eye, involving the contents of the globe, the use of anæsthetics is open to objection on account of the damage which the eye may sustain from muscular straining or vomiting. If employed, profound insensibility should be induced.

In operations for hernia, and in the application of the taxis, the anæsthetic acts most beneficially. For most operations about the anus, profound anæsthesia is positively demanded.

In the condition of shock, or of great depression, as after hæmorrhage, careful administration of the anæsthetic diminishes the risk of an operation.

In all cases, other than those specially referred to, it is sufficient to state, so far as a mere surgical operation is concerned, that an anæsthetic may invariably be administered.

The continuous vomiting occasionally induced by and following upon the inhalation of anæsthetics may be injurious by consequent exhaustion, as well as by mechanically disturbing the repair of a wound. With this reservation, they do not appear to interfere with the recovery of patients from surgical operations.

Statistics.—The results of 2,586 capital operations performed before, and of 1,860 performed since, the introduction of anæsthetics, collected from all authentic available sources, prove that anæsthetics have in no degree increased the rate of mortality.

Use of Chloroform in Obstetric Practice.

(*a*) *In Natural Labour.*—The careful administration of chloroform during labour is not attended with special danger, there being, either in this country or abroad, so far as is known to this committee, no well-authenticated instance of sudden death where it has been given by a medical practitioner; but the occasional occurrence of unfavourable symptoms demands the exercise of caution during its employment. Administered in a moderate degree, it does not, as a rule, weaken the expulsive powers, and is decidedly beneficial in promoting dilatation of the maternal passages. It does not predispose to puerperal convulsions or other like complications. The balance of opinion is nearly equal as to whether it predisposes to imperfect contraction of the uterus after delivery. As a rule, it in no way retards the convalescence of the mother; nor has it any tendency to interfere injuriously with the function of lactation; nor has it any injurious influence on the child.

(*b*) *In Abnormal Labour.*—The anæsthetic may be employed with advantage in various obstetrical operations—as forceps, turning, craniotomy, and extraction of retained placenta,—unless the patient is much enfeebled by hæmorrhage; when, if given, it ought to be accompanied by the use of stimulants. It may also be employed advantageously to check the paroxysms in puerperal convulsions.

(*c*) *As to the Preference of Ether. Rules relating to the Administration of Chloroform.*—There are no reasons for giving preference to ether over chloroform, the latter being much more desirable in obstetrical practice generally, the only exceptions being those in which chloroform notably disagrees.

In addition to those given for its administration in ordinary cases, it is generally desirable to observe the following rules during its administration in labour, subject to modifications at the discretion of the practitioner:—In natural labour, begin to give it generally at, or after, the termination of the first stage; but it may be given earlier if the first stage is unduly painful, or if the os uteri resists dilatation. Give it only during the pains, and withdraw it in the intervals. When the fœtal head bears on the perinæum give it more freely, to promote relaxation and relieve the increased pain. Withdraw the chloroform immediately after the child is expelled. If the patient is depressed, or the pains are sluggish during its administration, an occasional stimulant may be administered. In cases where it seems to interfere with the progress of labour it may be necessary to suspend its use for a time, and re-apply it after an interval, or even to withdraw it altogether. In turning and instrumental deliveries deep anæsthesia must be induced, as in surgical operations; and the administration should then be entrusted to a competent person, whose sole duty should be to attend to it. In midwifery a special inhaler for its administration is not generally necessary or desirable, a handkerchief or towel, folded so as to prevent blistering of the face, and to allow free admixture of atmospheric air, being sufficient for the purpose.

(*d*) *Use of Chloroform in Diseases of Women and Children.*—In the treatment of diseases of women, chloroform may be employed to facilitate and lessen the pain of certain examinations. In cases of spurious pregnancy and phantom tumours, by relaxing the abdominal parietes, it may assist in demonstrating their true characters; and, acting in the same way, it may help the practitioner to define more accurately the character and relations of other abdominal and pelvic tumours, or to detect feigned disease.

As a therapeutic agent, its inhalation, and external application in the form of a liniment, may be usefully employed to allay pain in some cases of severe dysmenorrhœa, neuralgia, and the like.

There is accumulated testimony in favour of chloroform inhalation proving serviceable in various spasmodic diseases of women and children: as whooping-cough complicated with convulsions, spasmodic croup, epileptic seizures, and some other forms of convulsion in children; hysterical convulsions, epilepsy, and various muscular contractions in women.

The PRESIDENT expressed in warm terms the obligations the Society were under to the Committee for their able and laborious report.

Mr. CURLING regretted that so much time had elapsed since the Committee had been formed. But, as would appear when the paper and the appendix were published, much more work had been done than would be thought from the part of the abstract which had been read. There had been a division of labour into three chief departments: physiological, surgical, and obstetrical. But the most work had been done by the first section—the physiological. This section had had seventy meetings, and had performed very many careful experiments. When all this was taken into consideration the Fellows would not be surprised that the report had been delayed. The Committee wished to acknowledge the support afforded by many Fellows of the Society and by the Profession generally. Mr. Curling said that he must allude more pointedly to the labours of the reporters, Mr. Sibley and Mr. Callender. These gentlemen had attended all the meetings of the Committee, and it was, after hearing the report, scarcely necessary to express any opinion as to the great zeal, devotion, and intelligence they had displayed.

Dr. KIDD said a great debt of gratitude was due to Mr. Curling and the Physiological Committee for their incessant labours; yet he could not help thinking the great chloroform question at present was, as to its safety or use, a

question of practical or empirical observation in hospitals rather than a question of physiology. Nobody denied that very large doses killed animals. We had similar experiments in vast number in books, but the deaths in practice in the human subject are from idiosyncrasy (from which the lower animals are free), from errors of administration, emotion, fright, in the convulsive or preliminary stage before deep anæsthesia at all, deaths from spasm of the glottis, apnœa, almost always in trivial operations, like tooth-drawing, rather than in the half-hour's deep narcotism of large operations. Physiological experiments, such as dropping chloroform on the heart of a frog, or throwing it into the peritoneum, are fallacious; the experiment kills, but not the chloroform. Then, as to "mixtures" of anæsthetics, they have been used extensively in Austria and France, even by order of Government. The ether was found to be first inhaled, then the chloroform, and the spirit of wine remains behind and has to be squeezed out: they tend towards mystery and are cumbersome. The best part of the report is as to the value of electro-magnetism in resuscitation: but it is an error that the little magnet-box is not accessible in hospitals. It is equivalent to saying saving life is not important. The midwifery portion of the report does not offer much that is new, and so of the general surgery part; but both are good. But as to the use of chloroform in medicine it is deficient, as this agent is most valuable in asthma, pain of gall-stones, tetanus, convulsions of women, whooping-cough, and a dozen other affections.

There is at surgical operations now less arterial but more venous blood than formerly: even vomiting will fill a wound with blood (secondary). Chloroform is safe in what is termed shock or collapse. This is the "law of tolerance" so well described by Miller; but surgeons do not read of empirical rules so much as physiological experiments. The speaker fully agreed as to the great value of artificial respiration in accidents, but that was best set up by the electro-magnetism box, as now extensively tried. It is true also that resuscitation is more difficult in ether accident cases than from chloroform.

Dr. HYDE SALTER said a point had been overlooked, but on which it was not possible for the Committee to have investigated in so short a time as they had taken for their report. It was as to the effect on the human constitution of chloroform administered for months or for years. He offered this as a suggestion for further investigation. Dr. Salter then related the case of a gentleman who for three years had taken chloroform, nearly every night. The effects were somewhat like those of alcohol: general loss of nervous power, insomnia, and vomiting in the morning. The chloroform was taken for asthma, and sometimes as much as three ounces was inhaled in one night. The effect was most distressing. The patient lost appetite, became morose, and was unable to sleep. He for one month was able to avoid it, and the improvement was most marked. He got to sleep earlier and earlier every night. This, however, the patient ascribed to Indian hemp, which he took at the time; but on taking the chloroform again, he again had insomnia, and Indian hemp failed to help him. The vomiting in the morning was like that of drunkards. Mr. Salter considered that in other respects the effects would be found to resemble those of alcohol.

Mr. SAVORY asked under what circumstances and to what extent, in collapse from injuries or from hæmorrhage, chloroform might be administered. It was true that it would tend to diminish shock; but it would, on the other hand, be likely to render the pulse almost imperceptible. It was a point of great interest that chloroform tended to reduce the temperature, even, as some experiments showed, seven or eight degrees. In collapse, too, the temperature was diminished; and hence, if chloroform were given, there would be two conditions tending to the same result.

Dr. C. J. B. WILLIAMS said there could be but one opinion as to the great debt the Society owed to the Committee—a debt which the Society was scarcely able fully to appreciate until the publication of the report. One important point was, however, settled; that chloroform depressed the action of the heart. This was an important result, as it had been much disputed. It accorded with the results of experiments he himself had performed; and the histories of cases of death from chloroform all converged to the same point. This in itself helped to suggest methods of counteracting the effect of too large a dose. One obvious method was to add ether and alcohol to the chloroform. But there was no reason why alcohol, ammonia, or any other stimulant, should not be given by the mouth. Oxygen had been suggested, and had, it was said, been used in America with success; and it was not improbable that chloroform and oxygen might form a useful and safe combination. One class of anæsthetics had not been alluded to—namely, nitrous oxide. From his own observations some years ago, it appeared to be not so depressing, and it was safe. But there were difficulties in procuring it, and in applying it. Dr. Williams then alluded to the effect of chloroform on the blood, and asked what researches the Committee had made in this part of the subject.

Dr. KIDD observed that two deaths were published this year from nitrous oxide used as an anæsthetic, so that it is not free from accident, as Dr. Williams might have supposed. As to the use of a little brandy or ammonia before administration, the plan was a good one, and always adopted by himself. Then as to the blood, it was perfectly known, from hundreds of experiments, that chloroform does not disturb its character at all. But it was not so with ether; here the corpuscles are destroyed, and the ether was so dissolved in the blood that it had been distilled over and over again from the blood of an animal deeply narcotized by it. Crystals were of less moment in blood long drawn. Forty-one deaths from ether had been published in America, and nineteen by Trousseau in France. It seemed paradoxical that chloroform administered in small doses should be dangerous. But it was small doses which produced convulsive vomiting: and so death in hospitals began as a sort of spasm or convulsive irritation of the fauces and glottis, while the patient was half conscious, not in deep coma; with a sort of reflex or tetanic rigidity of the respiratory muscles; the heart still beating actively, till overpowered or engorged at the right side. Hence the great value of artificial respiration. The breathing, in fact, stopped; and yet the patient did not inhale the large percentages given to animals, the chloroform at boiling point in balloons, &c. It seemed paradoxical to deny physiological experiments, but we did not prevent glaucoma or ague by physiology, but rather by empirical rules; so was it with regard to chloroform and prevention of accidents. Oxygen, too, had been tried, but found wanting: the blood was not deoxygenised, at least by chloroform. Anæsthesia was like hybernation. The blood would not take up pure oxygen. In a case at a Borough hospital where oxygen was accurately tried it proved useless. There was a fear that students trusted too much to a complex apparatus. They did not detect the danger early enough. To them "mixtures" like those of the new Pharmacopœia would be a sort of mitigation of danger—a kind of drag to the wheel of anæsthetic progress. Nor did the heart first stand still, as supposed by some; it was a popular error. While as to nitrous oxide and even ether, they were both now given up in America, where they had been extensively administered.

Dr. WYNN WILLIAMS recommended that in collapse from chloroform warm port-wine should be injected by an O'Beirne's tube. He had tried this in collapses from other causes, and had found it to act energetically. It seemed, he thought, by increasing the warmth and by giving a stimulant at the same time, to meet Mr. Savory's remarks.

Dr. BALLARD objected to that part of the report in which the use of chloroform in the convulsion of children was recommended. He was satisfied that it had no beneficial effect, and asked if its use had been recommended after a trial in cases.

Mr. CURLING said it was not recommended that chloroform should be given until reaction set in after injuries, but then it acted beneficially in the operation by diminishing shock. In reply to Dr. Ballard, he said that there commendations of the Committee were based on a series of facts, and after a large experience.

Dr. HARLEY said the action of chloroform on the cor-

puscles was but slight, but if ether were added, it dissolved the walls of the corpuscles. It had been long observed by Dr. Jackson, of New York, that chloroform produced formic acid in the system; but it was impossible to trace the changes. If blood were shaken up with ether it would sometimes crystallize. Diseased blood would also sometimes crystallize spontaneously, while blood after slow death from chloroform, when shaken up with ether, always became like a mass of crystals.

(Dr. Harley then introduced to the notice of the Society an inhaler sent to him by Dr. Skinner, of Liverpool, and also an ingenious apparatus, invented by Dr. Squire, for measuring accurately the percentage of chloroform.)

Dr. Pearson said he was surprised to find that chloroform was more feared here than in Edinburgh, where it was invented. In Edinburgh apparatus was altogether disregarded. He felt certain that it was safer to give chloroform without an inhaler than with one.

Dr. Hyde Salter said that chloroform might be given so as to prevent pain and yet not produce insensibility; for this he could vouch, as he had experienced it himself. If, then, it could be discovered how to do this, it would not only lessen the risk, but would diminish the fear of the use of the drug.

Dr. Wright said that the inhaler had been used a year in Mr. Spencer Wells' ovariotomy operations, but it was liable to the objection that a good deal of the chloroform escaped, and thus affected the bystanders.

Mr. Birkett, one of the honorary secretaries, said that it had been impossible for him to read the whole of the abstract, but he had only omitted those parts which the reporters had agreed should be omitted.

BIRTH.

Barnes.—On the 7th inst., at Matfen, Newcastle-on-Tyne, the wife of W. A. Barnes, Surgeon, of a son.

DEATHS.

Acheson.—On the 8th inst., at Dalkey, Co. Dublin, J. H. Acheson, F.R.C.S.E., Surgeon R.N., Aug. 17th, 1815, aged 77.

Bird.—On the 10th inst., at Fern-acre Lodge, Gerrard's-cross, Bucks, J. Bird, M.D., late Physician-General to the Bombay Medical Board, aged 67.

Bowie.—On the 3rd inst., at Bath, Wm. Bowie, M.D., aged 71.

Gibson.—On the 7th inst., at Tarbolton, Ayrshire, John Gibson, L.F.P. & S. Glas.

Harrison.—On the 12th ult., on board the "Macgregor Laird" off Accra, on the homeward voyage from Abbeokuta, West Africa, A. A. Harrison, M.D., aged 33.

Marriott.—On the 4th inst., at Stuttgart, Dr. Marriott, late of Basle, Switzerland, aged 56.

Pattison.—On the 6th inst., at Portland place, Bath, W. T. M. Pattison, M.D.

Young.—On the 8th inst., W. P. Young, L.R.C.S.I., of James's street, Dublin, Demonstrator of Anatomy at Steevens's Hospital, Dublin.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 7th inst.:—Albert Egerton Hall, Nantwich, Cheshire; Francis Snaith, St. Thomas's Hospital; Thomas Sibley Stott, St. Bartholomew's; John Thompson, University College. As an Assistant:—James Crocker, Dorchester.

The following gentlemen also on the same day passed their first examination:—Henry Aubrey Husband, St. Bartholomew's Hospital; Francis Stewart Manisty, King's College; Anthony Herbert Martin, University College; Robert Robinson, St. Bartholomew's; Jonh Henry Simpson, St. Bartholomew's.

King and Queen's College of Physicians, Ireland.—The following is a list of gentlemen who passed during the half-year ending June 30th, 1864:—James Atkinson; Charles Backhouse; Francis Bonney; Patrick Byrne; Louis A. Fleury; John Gray; James Smith Harris; Henry Head; Charles Healy; James B. Kelly; Robert Kerans; Thomas Charles Kirby; Richard Kerr M'Clement; James M'Creery; R. Alfred O'Brien; Henry Thomas O'Reilly; Richard O'Reilly; William O'Reilly; Gerald O'Toole; Thomas Chalmers Peebles; John Joseph Riordan; William Edward Riordan; Albert Benjamin Robinson; Joseph Septimus Steward; James Stewart; Robert Lafayette Swan; Richard James Sweetman; Joseph John Thompson; William Winslow Tomlinson; William Whittaker; Henry Willington.

The following gentleman was elected a Fellow of the College on the 4th ult.:—Dr. T. W. Belcher.

University of Dublin.—On the 29th ult. the following degrees in Medicine and Surgery were conferred:—M.B.—Edward George Clark, Austin Henry Nicholls, John R. R. Coulter, Isidore Bourke, George Fleetwood Churchill, Robert H. Macloghlin, Charles F. Green, John Alexander Wilson, George F. Duffey, John P. Boileau, John M. Finney Henry King.

M.C.—Robert H. Macloghlin, George F. Duffey, John Lyons.

M.D.—Wm. R. Wilde, Edward H. Bennett, John Ringland, John Eustace.

Royal College of Surgeons.—The annual meeting of the Council for the election of officers took place on the 14th inst., when Mr. Joseph Hodgson, F.R.S., of Westbourne terrace, was elected President of the College in the vacancy occasioned by the retirement of Mr. F. C. Skey, F.R.S., of St. Bartholomew's Hospital; and Messrs. Thomas Wormald, of the same hospital, and Francis Kiernan, F.R.S., were elected Vice-Presidents for the ensuing year. At this meeting of the Council, Messrs. Thomas Blizard Curling, F.R.S., of the London Hospital, and Frederick Le Gros Clark, of St. Thomas's Hospital, the recently-elected Councillors, were sworn in, and took their seats. The last primary examination before the close of the session commenced on Friday, and the last pass examination for the diploma of Membership commences on Saturday, the 23rd inst.

Tetanus in the American Army.—Tetanus has prevailed among the wounded of the Army of the Potomac to an unusual extent. Upwards of fifty cases occurred within a short period at Fredericksburg and in the hospitals at Washington. Nearly every case proved rapidly fatal. We are glad to learn that Dr. Brown-Sequard, of London, now in this country, has consented to give a lecture on this disease, at Washington, where it is now most prevalent. The great experience of this eminent physiologist in the treatment of nervous affections will thus be made available to the army surgeons in the management of this obscure and fatal complication of gun-shot wounds. This lecture will be immediately published for circulation in the army. —'American Medical Times.'

A Caution to Surgeons wanting Assistants.—On Friday, the 8th of July, before Mr. Justice Erle and a special jury in the Court of Common Pleas, at the Guildhall, there was a case tried which is interesting to the Medical Profession at large. Thomas Nicholas Gray, who described himself as "late of the Federal army and of Dublin, sued Mr. E. J. Morris, of Adelaide terrace, Barking road, Essex, for 52*l.*, or a year's salary at 1*l.* per week, which sum Gray alleged was due to him because Mr. Morris had refused to accept of his services after having engaged him. The plaintiff swore that he had applied for a situation through Mr. Langley, of Lincoln's-inn fields, and had been put into communication with Mr. Morris, through him, on the 4th of April; that Mr. Morris had said that he would engage him, but would write to his references, whom the plaintiff admitted were not professional men. He swore that after a lapse of three weeks the defendant had sent him a letter, stating that his (Mr. Morris's) brother-in-law had consented to remain with him, and that consequently he would not require the plaintiff's services. He further alleged that his references had been written to, and that, as he was satisfied their replies were satisfactory, he claimed a year's salary for non-fulfilment of contract, and brought this action to recover it. The defendant, being sworn, declared that Gray did not come to him until the

28th of April (not the 4th, as sworn by plaintiff), and that he had written to Dr. Ledwick, of Dublin, whose name had been mentioned by Gray as a reference, and had received a reply advising him to have nothing to do with the plaintiff, but at the same time desiring him not to mention his (Dr. Ledwick's) name in the matter. On this account, he (Morris) had written the letter produced. He declined to engage Gray because this reference was unsatisfactory. Mr. Langley, medical agent, of Lincoln's-inn fields, corroborated Mr. Morris as to the date of the application, and thus destroyed the plea set up by plaintiff, that he had been kept waiting for three weeks by the defendant; he proved, also, that a month's salary only could be claimed according to custom, consequently that to demand a year's salary was an attempt at extortion; and further, that if an engagement had been concluded there would have been a fee due to him (Langley) which had never been tendered or paid, and which he had never considered to be due, and had never applied for or entered on his books. When the plaintiff applied at the office Mr. Langley had told him that his testimonials were insufficient, and that he must give Mr. Morris better references than those offered. The Judge, in summing up, pointed out that if such an action as this could be sustained, no employer of any kind—even a lady engaging a maid—would be safe. The jury, after a brief consultation, returned a verdict for defendant (Mr. Morris). We regret to learn, however, that the defence of the action has cost Mr. Morris a considerable sum of money, and that there is no probability of his recovering the costs from Thomas Nicholas Gray, late of the Federal army.

ACADEMICAL CANVASSING IN FRANCE.—In a recent oration pronounced at the Société de Chirurgie in memory of the late Professor Robert, M. Verneuil gave great umbrage by the boldness with which he denounced the practice which prevails in Paris of personally soliciting those who have the disposal of scientific and academical positions. Candidates for such offices find that the necessity of paying visits to those who have votes or influence at their disposal is peremptory; for, great as the loss of time may be, and derogatory as may be the occupation, no candidate who refused such drudgery would stand the remotest chance of success. This applies to the highest as well as the humblest grades, for whether it be a simple *internat* or a professorship that may lead to world-wide celebrity that is sought for, election into a scientific academy, or the decoration of the button-hole with the coveted piece of ribbon—all demand the practice of a system of repeated and assiduous visiting. "Since 1835," says M. Verneuil, "Robert kept an account of all the visits he had been compelled to make in order to secure his success in his various candidatures, and these amounted to about 1,400. And surely never did statistics expose a more crying abuse! These 1,400 visits, taken one with another, must have each occupied an hour; and as few persons can consecrate more than four hours per diem for effective work, here we have a whole year lost in running about—a period amply sufficient for the preparation of a work capable of honourably transmitting a name to posterity." He stigmatises this abuse because he thinks utility may spring from so doing, "for what to-day seems but an utopia, to-morrow becomes a natural reform." It is evident that if the Continental *savants* obtain more honorific notices of their merits than with us, they have to go through a great deal of hard and excessively disagreeable work to obtain them; for not only have these visits to be made, but favours have to be asked, susceptibilities humoured, weak points discovered, and dignity compromised in a variety of ways.—'Medical Times and Gazette.'

CHLOROFORM.—It is, of course, not desirable to mention names so freely, but many journalistic errors are perpetuated by stereotyped fancies as to our "highest authorities." Dr. Johns is pleased to mention my name in a doubtful sense as having seen "about 300 cases of chloroform accident restored to life, or rescued after they had been pronounced dead." But my position, I would wish to explain, as hospital reporter for the 'Lancet' and other journals for a period of a dozen years, during nearly all which I attended twenty London hospital theatres, and saw from thirty-five to forty operations a week, under chloroform, or about two thousand every year, will explain the opportunities I have had of observing chloroform cases; and as to carrying a portable galvanic chain or battery in a great-coat pocket, it seems to astonish Dr. Johns, but it is as easily carried a a midwifery forceps or student's dissecting-case. Our giant hospital surgeons, our Astley Coopers, may have advised strong purgatives after hernia operations, and living surgeons, now at Guy's, turned chloroform into ridicule, and with M. Velpeau said anæsthesia was impossible; so of the early opinions of Dr. Gream. We must not, however, run after the mirage of great names once upon a time, but rather examine into actual facts of the present day.—DR. KIDD, in 'Dublin Quarterly.'

CHLOROFORM IN AMERICA.—I need scarcely multiply authorities in favour of chloroform in the practice of midwifery. Meeting not long since my friend, Professor Simpson, of Edinburgh, at operations in London, I was pleased, on a very full comparing of notes, to find that he almost entirely agreed with the views adopted by me. We have had this year a report of our Medico-Chirurgical Society, the obstetric portion of which was confided to such experienced observers as Dr. Priestley, Dr. A. Farre, &c. That report speaks for itself. The study of the natural action of chloroform or ether, in fact, in hospitals and private practice, rather than imperfect statistics, can scarcely lead astray. A simple napkin, pinned into the shape of a cone, answers as an inhaler. "Chloroform and ether mixtures" are now beginning to be used, as pure chloroform is too sharp and strong; but for myself, as far as I can yet see, I would as soon order a blunt lancet or bistoury from an instrument maker. These ether mixtures are very tedious in their application; they have been supposed to be partial anæsthetics and not to enter the blood, but such a supposition is entirely fabulous, and in large surgical operations they cause a tendency to sinking and collapse immediately after the operation: it will be found, in fact, that the ether causes a species of common drunkenness, whereas pure chloroform, used in half-drachm doses, escapes quickly from the blood. In a memoir read within the last few months to the Academy at New York, the superiority of chloroform as compared to ether was generally admitted (though ether is the national and favourite anæsthetic in that country)—chloroform more especially in cases of rigid os uteri, eclampsia, and undilating perinæum. One speaker had given it in extensive heart disease, in patients of all ages, from the child of thirteen days up to persons of seventy; he had taken it himself about forty times. Another had given it in eighteen cases of forceps and fourteen of versional delivery; and he believed labour shortened, and made more safe by such means. Professor Martin, of Jena, as the result of one thousand cases under chloroform, confirms these views.—DR. KIDD, in 'Dublin Quarterly.'

SOCIAL SCIENCE ASSOCIATION.—This Association will hold its eighth annual meeting in the City of York, from the 22nd to the 29th of September, under the presidency of Lord Brougham. His Grace the Archbishop of York is one of the vice-presidents, and also the president of the Education Department. The Right Hon. Sir James Wilde, Judge of the Probate Court, presides over the Department of Jurisprudence. The other chairs had not yet been filled up. The Council of the Association have found it necessary, owing to the annual pressure of business, to adopt new regulations. In each of the departments, now reduced to four, three special questions are put, and a day is to be devoted to the discussion of each, the voluntary papers being read and discussed on the remaining days. The following are the questions in the Health Department:—1. What are the best means for disposing of the sewage of towns? 2. What are the causes, and what are the means for the prevention of, excessive infant mortality? 3. What is the influence on health of the overcrowding of dwelling-houses and workshops; and by what means could such overcrowding be prevented?

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 20.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JULY 21.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 22.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 23.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JULY 25.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JULY 26.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Exanthematous Diseases: their Rational Pathology and Successful Treatment. By J. Parsell, M.D., &c. London: John Churchill and Sons, New Burlington street.

Thirty-Fourth Annual Report of the Belfast District Hospital for the Insane Poor.

NOTICES TO CORRESPONDENTS.

⁂ It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

MR. J. JONES.—The correspondence is inserted.

DR. SIBSON'S paper on the "Origin and Nature of Syphilis" will be published next week.

MR. W. A. BARNES.—The notice is inserted. There is no charge for such announcements.

MR. BAXTER LANGLEY.—The case is inserted.

DR. ROBERT FOWLER.—The list is published.

THE GENERAL REGISTER OFFICE, DUBLIN.—The report has been received.

A FELLOW BY EXAMINATION.—We really do not see that the 'Lancet' is so incorrect in its statement as to the emoluments of the College Examiners as the 'Medical Times and Gazette' appears to think. The former states that, in round numbers, the examiners receive each about 600*l.* a year, and that 6,000*l.* are annually divided among them. The latter corrects the statement by showing that *only* 7,585*l.* 5*s.* are paid annually for the College department, including examinations, fees for Council, diploma stamps, salaries, coals, &c. Even supposing that the ten examiners do not get *quite* 6,000*l.* a year among them, they certainly get the greater part of it, for the other salaries and fees are comparatively insignificant.

CHEMICUS.—The *Cocculus Indicus* is a plant belonging to the natural order of Menispermaceæ, and its poisonous properties are due to the presence of a body called *picrotoxia*. It is of hardly any use in medicine, but is said to be largely employed for the adulteration of beer, owing to its stupefying properties. Why it was introduced into the Pharmacopœia it is difficult to understand.

A VICTIM.—Consult some respectable practitioner. There is no objection to the gentleman alluded to.

DR. B.—The chief objection to the education at the University in question is on the score of expense. The degree is a most respectable one, and is held in great esteem.

MR. N. MCGREEVY is congratulated on his appointment, and on the handsome and flattering testimonials with which he was favoured by his professional and other friends.

M.R.C.S.E., L.S.A., AND L.M. DUB.—The note is inserted.

OUR article on the BRITISH PHARMACOPŒIA is unavoidably postponed until next week.

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Price's Glycerine, its Uses and PURITY.—See 'De la Glycerine, de ses Applications a la Chirurgie et à la Medecine,' by the eminent French Surgeon, M. Demarquay.—pp. 240. Paris: P. Asselin, 1863; or 'On Glycerine and its Uses in Medicine, Surgery, and Pharmacy,' by Dr. W. Abbotts Smith.

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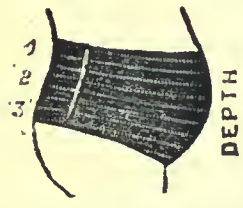

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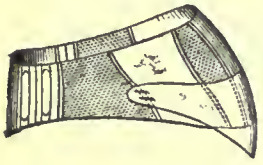

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ORIGIN AND NATURE OF SYPHILIS.

By DR. SISSON.

Illogical conclusions, drawn from erroneous premises, and a slavish following of Astruc, have hitherto been stumbling-blocks to a proper elucidation of this subject; and what has been granted to other diseases of a like nature, has been altogether denied to this; consequently, notwithstanding all that has been written upon syphilis, the subject still remains in a state of chaos and confusion.

It is difficult, no doubt, to rid ourselves of preconceived ideas—

> "Quo semel est imbuta recens, servabit odorem
> Testa diu;"

yet, in order to approach the subject in a way likely to be attended with fruitful results, much that has been learned from books must be forgotten, and the over-refined and flimsy superstructure raised for syphilis upon the foundation of scholastic teachings (far more beautiful and masterly in design than useful for practical purposes), must be scattered to the winds, and a simpler and more solid fabric erected on the ruins.

The views of syphilographers are so often changing, that it is almost impossible to state correctly their opinions at any one time. If I have failed in this, the difficulty of the task must be my excuse.

Etymology of the Word.—The etymology of the word "syphilis" is unsettled. Mr. Herbert Mayo derives it from σιφλος, odiosam et invisam faciem habens, and accordingly adopts the spelling "siphilis," with an interpolation of the second syllable. Swediaur says: "The word 'syphilis' appears to me to be derived from the words συς porcus, and φιλια amor—as if we should say 'amor porcinus,' swinish love, filthy love, or a disease arising from impure coition." Such definition, however, is too imaginative, and seems to assign "illud detestabile crimen inter christianos non nominandum" as the prime cause of syphilis; an inference not warranted by authority.

We find the word "syphilis" thus spelt first used by Fracaster, in his poem entitled "Syphilis sive Morbus Gallicus," 1521, no doubt employed by him as a distinctive appellation for this the venereal disease *par excellence*, and derived simply from the words συν, and φιλια, love.

Introduction of Syphilis into Europe.—It would be a mere waste of time to cite all the old authors, from Hippocrates down to the year 1494, who, in treating of diseases of the genitals, have accurately described the primary and some of the secondary symptoms of syphilis; for the most strenuous opponents of the existence of this disease in Europe previous to the siege of Naples in that year admit this, but argue, nevertheless, that it was not syphilis to which these authors alluded, since they have not described *all the symptoms* of that disease which we now recognise. As we proceed, however, I hope to show valid reasons for such omission.

Astruc, who wrote in 1736 "De Morbis Venereis," and subsequent writers, adopting his opinion, have attributed the introduction of syphilis into Europe in 1493-4, and its propagation afterwards at the siege of Naples, to the followers of Columbus. In the Lettsomian Lectures "On Syphilis," delivered in 1858, before the Medical Society of London, Mr. De Meric exonerates the followers of Columbus, but inclines to the opinion that the disease originated at the siege of Naples, from the connection of a glandered individual with some of the loose females hovering around armies and suffering from simple ulceration. It is well known, however, that with the march of armies into foreign countries aggravated outbreaks of syphilis have frequently occurred, and have been attributed partly to the transmission of the disease from the natives of one country to those of another, and partly to the state of health of the recipients. Why, then, should we deny the possibility of such an occurrence at the siege of Naples, and its existence in a mitigated form previously? Moreover, it is probable that, in such an outbreak, the primary would be so speedily followed by constitutional symptoms, that their connexion, previously overlooked, could not fail to be recognised. And under any circumstances, it is no more remarkable that such recognition should have then first taken place, than that the distinction between scarlet fever and measles should not have been recognised in this country till about two centuries ago.

The same remark also applies to croup, concerning which a late writer says:—"It has often excited much surprise that a disease so distinctly marked in its symptoms should not have been accurately described before the middle of the eighteenth century, when Dr. Francis Hone published a treatise "On the Suffocatio Stridula," in 1765.—(Aitken's 'Practice of Medicine.')

Further, Mr. De Meric himself makes these pertinent remarks:—"We now meet in hospital and private practice with all the symptoms of syphilis which have been described by the writers of the sixteenth century; nay, we are more complete than our forefathers, as may be learnt from their works; for it is only by degrees and by successive authors that loss of hair, ulcers of the tonsils, affections of the bones and of the testes, were mentioned. *These manifestations of syphilis either did not appear at once, or their relation with the syphilitic poison was only gradually discovered.*"—(Lettsomian Lectures.)

Since, then, the semeiology of syphilis is allowed to have been very imperfect in the sixteenth century, it is reasonable to infer that at an earlier date it must have been more so. It appears to me, therefore, not less irrational than illogical to question the existence of syphilis before the year 1494, simply because before that time we have no perfect description of the disease.

As scarlet fever and measles were long confounded, so it is probable were syphilis and leprosy; and we find a writer in the 'Philosophical Transactions' for 1731-2 advocating such an opinion. "Local venereal affections," says Mr. W. Becket, "of a contagious nature had been known in Europe long before the year 1500; while under the vague name of leprosy a state of disease prevailed which, in many of its features, corresponded with lues. The former was likewise believed to be communicable through intercourse of the sexes." Mr. Becket believes it possible that syphilis may have lurked amongst the diseases grouped together as leprous, its connection with the recognised local venereal affections being overlooked; and this opinion seems borne out by the following passage from Peter Martyr's letter to Lusitanus, in 1488, in which he alludes to a supposed new disease:—"Qui appellatione Hispanâ Bubarum dicitur; ab Italis, Morbus Gallicus; Medicorum Elephantium alii, alii aliter appellant."

It is evident, then, to any unprejudiced mind, that syphilis existed, under a variety of names, long before the siege of Naples, in 1494; but so warped have been the opinions of syphilographers by their zeal for the authority of Astruc, that one and all, with few exceptions, have pertinaciously stuck to this siege of Naples fable. That it is a fable is evident, from the following statement of Mr. Bacot:—"As early as 1488, Peter Martyr, who was physician to the King of Spain, writing to Arius Lusitanus, the Greek professor of Salamanca, adverts to the new disease of their times, and specifies the "membrorum hebetudinem, junctuarum omnium dolores, ulcerum et oris fœditatem," which accompany it. Now, the same physician was at Barcelona when Columbus made his appearance there after his first voyage; but he does not say a word about the importation of the disease in any of his writings. Neither (continues Mr. Bacot) does Columbus, nor his son Ferdinand, who wrote the history of his father's life, in which he gives a description of all the diseases which afflicted the Spanish adventurers up to 1495" (Mayo 'On Syphilis').

Mr. Mayo adds: "If there is truth in this testimony, it seems to prove that siphilis existed, and had become partially known, before the commonly-supposed era of its origin."

Many of Astruc's cotemporaries, as well as previous writers, maintained that in the epidemics of Hippocrates were to be found unmistakable allusions to syphilis. Whether this opinion was well founded or not, Astruc's arguments against it are certainly invalid:—"Quod si remotis præjudiciis consulantur loca ipsa iudicata, liquebit inde luce meridiana clarius, Hippocratem ne somniasse quidem de lue venereâ, sed pestilentiam descripsisse. Morbi nempe, de quibus loquitur, acuti, epidemici, cum febre conjuncti. . . . Cum e contra lues venerea, chronica et sporadica sit, sine febre invadat et solo veneris usu propagetur. Adde morbos illos curatos fuisse vel sponte, quod lui venereæ non convenit, vel saltem methodo, quæ ad luis venereæ curationem plane inefficax esset."—(Astruc 'De Morbis Venereis,' cap. 2.)

(To be continued.)

SCIENTIFIC ARTICLES.

ON THE OPERATION OF ASTRINGENTS ON THE URINARY ORGANS.

Lewald has proved that small quantities of acetate of lead, given in Bright's disease, diminished the excretion of albumen by the kidneys; and he conjectured that in a healthy condition of those organs the quantity and constitution of the urine were changed by the use of lead. The observations of Mosler and Mettenheimer, made to determine this point, were conducted in the case of a person of twenty-six years of age, suffering from a somewhat advanced state of tuberculosis, for the arrest of which the acetate of lead had been administered. The functions of the kidney were normal, and the mode of living and the diet were carefully regulated and watched, and the proportion of urine and fæces was accurately ascertained every twenty-four hours. The period of the experiments was divided into five sections—namely, 1. Eight days of observation without the employment of any medicine. 2. Eight days during which 3 grains of acetate of lead were administered three times daily, and reached 72 grains altogether. 3. Eight days during which 3 grains of acetate of lead were given four times daily, amounting altogether to 96 grains. 4. Five days during which 3 grains of acetate of lead were given six times daily, amounting to 90 grains altogether; and 5. Eight days without any medicine. The following were the results of the experiments:—1. The weight of the body was not particularly reduced until the middle of the fourth period, when there was a diminution amounting to five or six pounds, probably owing, however, to an affection of the stomach, for the weight again increased when this affection was removed. 2. From the results of the experiments, it appeared that the acetate of lead limits the excretion of urine, even under normal conditions. In the first period, the quantity of this fluid amounted to 2128 cubic centimètres; in the second to 1805; in the third to 1979, and in the fourth to 1750. It is probable that this result is to be attributed to the astringent operation of the lead upon the vessels. 3. As to the influence of lead upon the specific gravity, the reaction, and the colour of the urine, the reaction remained always acid, the colour varied from yellow to reddish-yellow, and yellowish-red, and lastly to brownish-red, and the excretion of the solid constituents of the urine was diminished during the employment of the lead. 4. The excretion of urea was diminished during the use of the lead, reaching in the first period 39,941 grammes, in the third period 25,877, and in the fourth 24,308. The urea appeared to diminish in exact proportion to the quantity of lead administered. 5. The chloride of sodium and the sulphuric acid of the urine were diminished during the use of the lead, and in exact proportion to the greatest dose of the drug; but the proportion of sulphur was relatively more diminished than that of the chloride of sodium. Mosler and Mettenheimer propose the question as to the dose of lead which may be taken without injury. It is a well-established fact that large doses, not too long continued, are much less injurious than a longer use of small doses, and also that one individual is more liable to poisoning than another. In the case recorded, no remarkable disturbance was caused during the lead-treatment; but after the administration of 240 grains, appearances of poisoning were developed, and attained a rather high degree. They gradually disappeared, but less from the application of the usual antidotes than from the employment of abundant injections of warm water. The proportion of urine was during this time very much reduced. It may be remarked that the employment of the lead exercised a very favourable influence upon the tubercular affection.—DR. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

HOSPITAL REPORTS.

KING'S COLLEGE.

DISEASES OF THE FEMUR.

(Continued from page 36.)

A sinus is nothing more than a fistulous ulcer, of which the sides are sometimes hard, dense, unyielding, and not unlike the appearance presented on its surface by an indolent sore; the hardness and density may amount to a semi-cartilaginous condition, which, at first occasioned by the non-union of this long and unhealthy ulcer, comes at length to be a positive hindrance to a junction of the sides by any uniting processes.

The walls of these sinuses are not, as they appear to be, lined with a kind of mucous membrane, but are merely composed of a number of imperfectly-formed granulations, which exude a thin ichorous matter, and which present the appearance of a mucous tissue.

The course and starting-point of these sinuses are matters of no little import, as by them we are guided to the exact seat of mischief, and are thus led to discover the condition of parts at that point whence the discharge emanates. If they originate in an abscess, we may be able to pass our probe along the track of the sinus into the sac of the abscess; but if dead bone lie at the bottom and be the cause of the flow of matter, we may not always be able to discover it, because in some instances there may intervene either healthy bone or a firm plastic material which will cover it in and prevent the contact of the searcher with the dry bone.

There are cases in which the probe will be unable to reach the cause of the sinus, and this may arise from the great tortuosity of the sinus itself, whereby the instrument cannot be got to traverse its channel.

In the form of coxalgia, of which we are speaking, the sinuses are for the most part in or about the upper part of the thigh, showing that the disease is caries of some part of the upper end of the femur rather than necrosis of the acetabulum, or other portion or portions of the pelvis.

Should our endeavours to procure a good and useful limb by means of anchylosis be crowned with success, there is no further need for interference; but should failure attend our efforts, then, as a last resort, we have it in our power to excise as much of the head of the femur as may be diseased.

The operation consists in the following steps:—The patient being placed under the influence of chloroform and upon the unaffected side, a T-shaped incision is made over the diseased extremity of the femur; the vertical cut must extend from above downwards, and for a distance of about six inches, or even more should the bone be diseased below the termination of that incision; while the horizontal cut must be made at about right angles with the former, and so as to traverse across the trochanter major. It may not, however, be necessary to make such extensive incisions as these; for, if the gluteal or upper femoral region be riddled with the apertures of sinuses and be undermined with the canals of the same, it will be sufficient to pass a

director down to the dead bone, and guided by this instrument, to open up the tissues till the bone be reached.

Having come down upon the bone, the soft tissues are all well cleared away from it and protected from any danger by means of retractors. In order to be able to effect isolation of the head and upper part of the femur from the surrounding parts, the entire leg must be adducted at the same time that it was well rotated inwards, and, by being pushed upwards, made to present itself prominently or to actually protrude through the wound made in the integuments. When we have discovered the exact amount of disease the saw is to be applied below the bone so affected; in this—the femoral—form of morbus coxæ we shall generally find it requisite to remove all that part of the thigh-bone which is above the trochanter, and likewise to include that tuberosity, since its cancelli are in the majority of such cases infiltrated with the peculiar cheese-like matter of struma.

It must not be omitted, after the removal of the upper portion of the femur, to examine carefully that part of the bone which lay in immediate connection with the disease, lest it also be involved in the morbid action, and we, without knowing it, leave it in, only to perpetuate the evils we had hoped by our operation to have removed. If, then, specks of dead bone are detected, they should be gouged out and the bone around each speck be well scraped, not only to insure the complete removal of any piece or fragment of carious or necrosed bone, but also to excite the healthy osseous substance to increased and reparative action, and to the throwing out of healthy granulations.

The wound is now to be closed; the limb brought into the straight position, and to be maintained in this position by the aid of the long splint, extension being made in the ordinary method, or by obtaining a purchase on the upper part of the opposite thigh, as is recommended by Mr. Fergusson.

By Mr. Erichsen the bracket thigh-splint is advised to be used, instead of that to which we have just made allusion.

History of the operation:—In the year 1821, the operation was performed by Mr. Anthony White; as, however, it met with great opposition from the Profession generally, and more particularly from Sir Everard Home and other leading men, by whom it was considered to be worse than useless, it fell into disfavour, and consequently into disuse, till, in the year 1845, it was revived by Professor Fergusson, and established as a legitimate operation, by his energetic efforts, as well as by those of Henry Smith, Haynes Walton, Simon, Buchanan of Glasgow, and Jones of Jersey.

Mr. Hancock also has contributed the weight of his influence to the establishing of the operation.

The following words we quote from the work of Professor Fergusson:—"Even yet experience as to the results of this operation is so limited, that I can scarcely say more on the subject than express a belief that, in some instances of disease, and of gun-shot injury of the neck or head of the bone, such a proceeding might be of service."

The results of the operation:—

First, as concerns the preservation or loss of life, in immediate connection with the operation.

On this head we cannot take upon ourselves to speak with statistical correctness, since records of the operation are either wanting altogether or not advanced in sufficiently large numbers to warrant their citation in either confirmation or disapproval.

As far, however, as a computation can be made, it is allowable to state that by the performance of this procedure many lives have been saved. Indeed, when the surgeon determines upon this operation, it is not so much for the sake of saving a limb as for the purpose of preserving life; because in the disease of this joint—the disease involving, it may be, the pelvic bones or the femur—the danger to life is imminent.

This is a consideration with which, in the case of excision of other joints, the mind of the surgeon is not influenced to so large an extent.

The results, then, as far as regards life and the preservation of the patient's limb, may, upon the whole, be set down as satisfactory.

There is now to be weighed the condition for use in which the limb is placed after the operation. And this is by no means unsatisfactory. True, there are shortening to the extent of about three inches, a loss of the power to abduct or to rotate the limb outwards, a certain amount of stiffness dependent upon the fixidity gained for the entire leg by the anchylosis—which, it is to be remarked in passing, is of the fibrous and not the osseous character. But these apparent ill consequences are of no moment and are unworthy of consideration, when we see and reflect upon the good obtained for the sufferer.

The shortening is not greater than is created by the luxation upon the dorsum of the ilium, and which is attendant upon the later stages of the disease; the limb, though the power to abduct or to rotate it outwards be lost, can yet be adducted, and, with every facility, flexed upon the pelvis; the stiffness is not so great as to hinder motion; and though the entire member may be not as facile in its own immediate movements as that of the opposite side, yet are there great powers of motion, and diversity of the powers, gained by these increased and ready mobility of the lumbar vertebræ. The entire limb, after the lapse of some time, comes to be of excellent condition, of material use and value to the patient, and, being well nourished, answers every, or almost every, purpose for which it was originally intended.

Caries of the great trochanter sometimes occurs independently of any hip-joint affection.

The diagnosis can be made without much difficulty, by passing a probe through the sinuses down to the bone, which will then be ascertained to be diseased. The area of the disease may in this manner likewise be detected.

The method of examination which we would adopt for the discovering of disease of the hip-joint being put into practice, will show us that this point is not involved in the affection of which we now treat.

In the treatment of this disease of the femur the sinus or sinuses leading to the bone should be opened up, the bone reached, and as much gouged away as may be found to be diseased. If the morbid action has extended itself into the interior of the head of the femur, the bones so implicated should be removed most carefully, in order that the joint may not subsequently become engaged.

In our manipulations we must remember how close we are to the joint, and must observe the greatest possible caution, lest we open into the interior of the capsular ligament, and so inflict upon the joint itself an injury which it would be almost beyond our power to make reparable.

The abscesses may point anteriorly, though they may have commenced posteriorly; or they may burrow under the tensor vaginæ femoris, and then burst just below the attachment of that muscle to the facial covering of the thigh; or they may pour their contents posteriorly and appear on the buttock; or, again, they may traverse down along the fascia lata, and then open about the knee-joint or in some other place of the leg below that articulation.

Perhaps the most common situation of these abscesses is under the gluteal muscles. But wheresoever they may be present they have the effect of altering the action of muscles by stimulating them—in the same manner as would any foreign body—or parts of them to increased or unwonted action. Hence the change in the positions of the limb as the disease advances, and to which we have already made reference.

These abscesses, no matter where they may point, should be opened early and free vent given for the matter; but it may burrow very extensively and so destroy the cellulo-areolar tissue, which is placed between the several planes of muscles.

It is not usual in the femoral variety of morbus coxæ to have pelvic abscesses form; when, indeed, such an occurrence takes place, we may suspect either that the disease of the femur has involved the acetabulum, or that the pelvic bones are themselves the true situation of the affection, there being no involving of the bone of the thigh.

Another of the sequelæ of the affection upon which we are treating is the establishing of unhealthy sinuous openings leading from the interior of abscesses or from the place where a fragment of dead bone is lying, and by its presence occasioning more or less irritation and the keeping up of an unhealthy discharge.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XXI.

COLLODIUM AND PYROXYLIN.—Following the alphabetical order we have adopted, we come next to collodium; but it will be convenient first to mention the substance the solution of which in ether and alcohol constitutes collodium. *Pyroxylin*, or gun-cotton, is made by immersing cotton in a mixture of sulphuric and nitric acids. When this is done, a peculiar change is effected in the cotton, the exact nature of which depends upon the strength of the nitric acid employed. It must be stated that the only object of using sulphuric acid is to withdraw water from the nitric acid; further than that, the sulphuric acid does not affect the reaction.

To render intelligible the change which takes place, we must explain that the formula ascribed by chemists to cotton or cellulose is $C_{12} H_{10} O_{10}$. When the cotton is immersed in nitric acid ($N O_5$) three of these atoms are condensed into one—3 ($C_{12} H_{10} O_{10}$) = $C_{36} H_{30} O_{30}$, and, according to the strength of the acid, a variable proportion of hydrogen is removed, and replaced by an equal number of atoms of hyponitric acid ($N O_4$), the hydrogen displaced forming water with the surplus oxygen.

The Pharmacopœia, it must be remembered, makes use of the strongest nitric acid (sp. gr. 1·5); and when this is employed nine atoms of hydrogen are replaced by the same number of atoms of hyponitric acid, and thus is obtained what may be called the highest form of pyroxylin, to which the scientific name *tri-nitro-cellulose* has been assigned. The change will be explained by the following equation:—

$$C_{36} H_{30} O_{30} + 9 N O_5 = \left.\begin{matrix} C_{36} H_{21} \\ 9 N O_4 \end{matrix}\right\} O_{30} + 9 H O.$$

This, as we have said, is the change which takes place when the strongest nitric acid is used. But it will be seen that the formula of pyroxylin given in the Pharmacopœia is—

$$\left.\begin{matrix} C_{36} H_{22} \\ 8 N O_4 \end{matrix}\right\} O_{30}$$

a fact which requires a short explanation. The directions for the preparation of pyroxylin were supplied by an English member of the Pharmacopœia committee, under the belief that the nitric acid of the British would be of the same density as that of the London Pharmacopœia—1·42. Later, however, it was decided to adopt the stronger acid; but the formula for pyroxylin was forgotten when the change was made. Now tri-nitro-cellulose (the most explosive form of gun-cotton), which is made by the Pharmacopœia process, is insoluble in ether, and is consequently inapplicable to the preparation of collodium, and moreover, as we have shown, has not the composition represented in the Pharmacopœia. The difficulty, however, is all removed by employing nitric acid of the density 1·42, which, indeed, is specified in the smaller and later edition of the Pharmacopœia. When this is used, a pyroxylin of the composition assigned is obtained, which is soluble in ether. Strictly speaking, this may not be correct, for only seven or six atoms of hydrogen may be displaced; but this is of no consequence, since all the lower and less explosive forms of pyroxylin are soluble in ether.

Gun-cotton was probably first made by Braconnot in 1833, but it is usually said to have been discovered by Schönbein in 1845. One of the first, if not the very first (in 1848), who noticed the fact of its solubility in ether was Dr. Bigelow, an American practitioner, who certainly was the first to employ such a solution in surgery. Since then the use of the solution, under the name of collodion, has greatly extended, and it now appropriately finds a place in the British Pharmacopœia.

As most practitioners will make their own gun-cotton and collodium, we give the respective formulæ, in a few words:—

Pyroxylin.

Take of Cotton, an ounce;
Sulphuric acid, five fluid ounces;
Nitric acid, sp. gr. 1·42, five fluid ounces.

Mix the acids and immerse the cotton for three minutes, continually stirring the mixture. Afterwards well wash the cotton, and dry over a water bath. The exact time th cotton is immersed is of no great moment, so that it is not less than three minutes. The washing must be continued until all trace of acid is removed.

Collodium.

Take of Pyroxylin, one ounce;
Ether, thirty-six fluid ounces;
Rectified spirit, twelve fluid ounces.

Mix the ether and spirit, and add the pyroxylin.

When collodium is applied, the pellicle contracts as it dries, and causes a puckering of the skio, which is a great objection to its use in some surgical cases. We may therefore mention that an elastic collodion which does not contract may be made by adding to the Pharmacopœia compound about one-sixth of its bulk of castor-oil or Venice turpentine. The addition of mastic has also been found to give strength and durability to the pellicle. An excellent blistering collodium may also be made by dissolving four or five grains of cantharidin in an ounce of the Pharmacopœia preparation. Lastly, collodium has been employed as a vehicle for the application of bichloride of mercury and iodine in some skin diseases.

CREASOTUM.—No directions for the preparation of creosote are given in the Pharmacopœia, and the authors have wisely abstained from giving any further account of it beyond what is contained in the words "a product of the distillation of wood tar." The exact process by which creosote is obtained from tar is kept secret by the best manufacturers in this country; but it no doubt essentially consists in the repeated rectification of the products of distillation, the solution of the impure creosote in caustic potash, the subsequent decomposition of the solution by sulphuric acid, and the redistillation of the creosote. This latter part of the process is repeated several times, until the product is obtained colourless.

The creosote so procured from *wood tar* is a mixture of several bodies, among which phenylic and cresylic alcohols are said to predominate.

A similar process carried on with *coal tar* furnishes principally phenylic or carbolic acid, a definite body quite distinct from that intended by the Pharmacopœia.

The creosote imported from Germany is distilled from coal tar, and consists chiefly of carbolic acid; that sold by the best English makers is distilled from Stockholm tar, and contains but little carbolic acid. In odour and appearance the two articles closely resemble each other.

The tests given in the Pharmacopœia are, first, the specific gravity, which should be 1·065. Any admixture of alcohol, or a fixed oil, would, of course, lower the gravity, and the latter adulteration would also be indicated by the translucent stain left, if the creosote were dropped on filtering paper, and exposed to a heat of 212°. The other tests afford no peculiar indications of the quality of the creosote.

MISTURA CREASOTI.—In making this mixture, the Pharmacopœia orders the creosote to be dissolved in glacial acetic acid; but as creosote is only soluble in strong acetic acid, it separates again as soon as the water is added.

CUPRI SULPHAS.—Sulphate of copper calls for but a short notice. The commercial salt is directed to be purified by recrystallization. The most common contamination is

iron, the presence of which will be detected by ammonia. If the sulphate of copper is free from iron, whatever is precipitated by ammonia will be redissolved by an excess of the precipitant, forming a clear sapphire-blue solution.

PARISIAN MEDICAL NEWS.

HOSPITAL DE LA CHARITE.

M. Beau on Hæmoptysis—Efficacy of Pressure and Faradisation in Mono-Articular Rheumatism.

M. Beau recently invited the attention of his class to bilious hæmoptysis, a symptom which, in his opinion, has not hitherto received all the notice it deserves, and which unmistakably occurred in a case at present in the wards. The patient was a woman affected with copious hæmoptysis, coincident with a bitter taste in the mouth and vomiting of bile. In accordance with the precepts laid down by Stoll, M. Beau at once prescribed the following emetic :

℞ Pulv. ipecac. gr. xv. ;
Antimon. tartarati, gr. ij. ;
Aquæ, ℥v.

To be taken in two doses at an interval of ten minutes. The object of the association of tartar-emetic and ipecacuanha is to secure the emetic action of the remedy ; either drug, separately administered, sometimes fails in producing the desired effect, which, on the contrary, is induced with certainty when both are simultaneously exhibited. In the present instance, a large amount of bilious matter was soon ejected, and the spitting of blood was immediately checked.

Bilious hæmoptysis may be idiopathic, but this is seldom the case. In general, the spitting of blood is connected with chronic tuberculosis revived by the coincidence of gastric disturbance, and giving rise to a form of hæmoptysis which deserves the denomination of bilious, an appellation fully justified by the immediate effects of the emetic. M. Beau disclaims all belief in the alleged astringent and hæmostatic virtues of ipecacuanha ; the very short period during which this powder is retained by the stomach shows that it must be considered merely in the light of an evacuant ; and if the drug has been found beneficial in dysentery, the fact must be ascribed to the removal by its agency of a bilious condition of the *primæ viæ*. It is for the same purpose that the Professor exhibits ipecacuanha to persons affected with tuberculosis, in whom it effects a degree of improvement so marked as sometimes to lead to an entire recovery.

Another suggestive and interesting case of hæmoptysis was observed at the same time in the wards.

The patient was a woman who had been admitted into hospital awaiting her confinement, and who also had several attacks of hæmoptysis, which M. Beau hesitated to ascribe to pulmonary tuberculosis, on account of the infrequency of the progress of phthisis during pregnancy. The only physical signs discoverable on auscultation were the sonorous rhonchi characteristic of bronchitis, and the spitting of blood was clearly symptomatic of a congestive state of the lung consequent on gestation. Visceral congestion is a circumstance which often coincides with gravidity, and which may occasion various symptoms ; the abstraction of a small amount of blood is then a useful palliative measure. Labour may be relied on to restore the system to its natural condition, and to effect a complete cure.

Most readers are acquainted with the rules laid down by M. Beau for the management of rheumatic fever. We shall perhaps revert to this important subject on some future occasion, but we shall for the present confine ourselves to a reproduction of the Professor's remarks on circumscribed articular rheumatism, a disease which occupies an ill-defined place in medical classifications, and is designated by the terms rheumatic arthritis, mono-articular rheumatism, &c. This affection bears an indisputable analogy to articular rheumatism ; it is, for instance, generally referable to the same cause, viz., exposure to wet and cold, and is attended with severe pain. On the other hand the absence or mildness of the concomitant fever, the tenacity of the inflammatory action which is fixed in one joint, the loss or diminution of the power of motion, and the subsequent tendency to the formation of white swellings, are circumstances which distinguish mono-articular arthritis from common rheumatism.

The joints of the hand or foot are those which are most liable to be invaded. In one of M. Beau's patients the left wrist alone is affected, and the treatment adopted by the Professor has led to results which are deserving of every attention.

The measures resorted to consisted in the application of pressure and of Faradisation.

The object of pressure is to subdue the symptoms of the first stage of the malady, viz., the inflammatory pain and swelling ; the electric action is intended to effect a cure of the subsequent plastic engorgement.

The pressure is applied with strips of adhesive plaster. It sometimes induces pain at first, but this soon decreases and the swelling subsides. The practitioner must, however, not be disappointed if these symptoms reappear, and necessitate a removal of the adhesive plaster. The relief is immediate, but variable in duration ; and when the pain returns with any degree of intensity, pressure must again be instituted, and its sedative effects will now be much more apparent. Two applications are in general sufficient, but a third resort to the same method is sometimes desirable if the pain proves obstinate. A complete cure is thus usually effected.

In the patient who suggested these remarks, these singular alternations of improvement and relapse were observed, but with a gradual and perceptible abatement of the intensity of the symptoms. In this case the disease yielded only after three successive applications of the compressive strips of plaster, in the course of as many weeks. On each occasion the pressure relieved the pain, and restored sleep ; the inflammatory action then returned, but with decreased violence, and finally ceased after the third dressing of the wrist.

Despite its favourable results, this course of treatment would have been insufficient, had not M. Beau resorted to another series of remedial measures calculated to remove the articular swelling which persists after the cure of the acute symptoms, and which it is of the greatest importance to subdue. We allude to Faradisation. In the present case the joint was so swelled that the hand and fingers were utterly immovable. Twice a day sponges moistened in water and secured to the directors of a magneto-electric machine were passed over the articulations,— a method to which M. Beau ascribes far more effectual resolutive powers than can be obtained by any other remedial agent. The electricity is thus conveyed through every part of the diseased structures. The manipulation of the instrument is soon acquired ; and although at first the patients often object to its use, they soon become reconciled to a procedure which affords such prompt relief.

Faradisation was daily applied for a month in the case above noticed. The patient was recommended to clothe herself warmly in the intervals of the operations ; and although she frequently neglected this advice, the swellings rapidly and gradually disappeared, and the hand and fingers recovered full liberty of action. In short, pressure first relieved the pain, and electricity dispelled all fear of subsequent disease of the joint.

We may, in concluding, remark that this is not a solitary instance of the good effects of the medication instituted in similar cases by M. Beau. This gentleman has obtained many equally satisfactory results from this method, and he now unhesitatingly resorts to Faradisation for the cure of articular disease of long standing. He expresses a confident hope that a knowledge of the great resolutive power of magnetic electricity must lead to a more frequent and extensive recourse to this agent, for the cure of a host of chronic affections which have hitherto yielded only to protracted and wearying measures of treatment.—'Journal of Practical Medicine and Surgery.'

EFFICACY OF THE WATERS OF MONT DORE IN CONSUMPTION.

A debate recently occurred at the Society of Hydrology, on a subject brought forward by M. Mascarel. This gentleman practises in summer at Mont Dore, and forwarded some time since to the Society a paper, entitled 'A New Inquiry on the Curative Powers of the Waters of Mont Dore in Tubercular Consumption.' This memoir gave rise to the discussion now briefly alluded to.

The author is a firm believer in the curability of tuberculosis in every stage, and brings forward in support of this view a series of cases collected by himself at Mont Dore and witnessed by MM. Bouillaud, Mélier, Bouchut, Guérineau, Horteloup, &c., and vouched for by M. Desnos, the reporter, as presenting the most satisfactory scientific characters.

Comparing the respective effects of the waters of Ems and of the Pyrenees with those of the springs of Mont Dore in tuberculosis, M. Mascarel explains the superiority of the latter by their much less marked tendency to induce hæmoptysis.

His opinion obtained the all but unanimous assent of the Society, and met with opposition from one member only, M. Pidoux. Notwithstanding our sincere respect for this gentleman's attainments, we must remark that, in this circumstance as in his recent publications on the subject of phthisis, the Inspector of Eaux-Bonnes appears to us to dispose with much too unceremonious a tone of superiority of the conscientious researches of deserving fellow-practitioners.

The facts adduced by M. Mascarel are sufficiently conclusive to invite attention, and M. Hérard expressed himself to that effect. They indisputably prove that the waters of Mont Dore, unlike sulphurous springs, allay pulmonary congestion, and are, therefore, in this respect, preferable, as we have for some time suspected, to the spas of Ems and of the Pyrenees.—'Journ. of Prac. Med. and Surg.'

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The number commences with Mr. G. JOHNSON'S second lecture, delivered before the College of Physicians, "On the Laryngoscope." He shows, by a series of illustrative cases, the use of this instrument in distinguishing the various affections of the larynx, and also in proving, by negative evidence, the existence of disease in other parts causing laryngeal symptoms. Thus, for instance, a person was treated for laryngitis, before the invention of the laryngoscope, and, on a post-mortem examination, the larynx was found quite healthy, and the cause of the symptoms was discovered to be a cancerous tumour, filling up the arch of the aorta, and involving the branches of the pneumo-gastric nerve. In another case, apparently of acute laryngitis, laryngoscopic investigation proved that the larynx was healthy, and it was suspected (what afterwards turned out to be the fact) that there was an aneurism of the aorta. In some cases, again, laryngitis is simulated by hysterical patients, in whom no inflammation exists; and, on the other hand, patients, apparently hysterical, have been found to be really labouring under congestion, or inflammation of the larynx. Different forms of syphilitic laryngitis are also detected by means of the instrument, and a guide is thus afforded to appropriate treatment.——Dr. HUMPHRY, of Cambridge, under the head of "Surgical Observations," continues his remarks on Lithotomy, and describes the effects of stone upon the bladder and the system, and shows that large stones are unattended with much suffering or disease. It appears that in process of time the bladder becomes inured to the irritant, and although small stones usually produce great irritation, large ones are often retained in the bladder for many years without inconvenience. It has been supposed that the use of chemical solvents taken into the system has the effect of lessening the size of the stone; but this does not appear to be the case, although these agents may diminish the sufferings of the patient. It appears, in fact, that alkaline remedies do not even always prevent the addition of lithic acid to a stone already formed.——Dr. HYDE SALTER concludes his paper "On Tracheal Dysphagia," and after giving two more cases of the successful management of this affection, he sums up by describing its nature and treatment. He shows that the inconvenience is caused by some irritation or inflammation of the larynx or trachea, that it is a transient affection, and terminates favourably. The dysphagia is less when the chin is bent down than when it is raised, because in the former case the trachea is less stretched. The treatment should be adapted to relieve the symptoms by measures calculated to remove tracheal inflammation, such as sedatives, counter-irritants, rest warmth, &c.——Mr. W. H. FOLKER relates "A Case of Femoral Aneurism, successfully treated by Ligature of the External Iliac." The aneurism appeared to arise spontaneously; and as it was retarded, but not stopped in its growth, by rest and cold applications, it was determined to operate. The convalescence was satisfactory, except that suppuration took place in the sac, and an abscess formed, which, however, burst spontaneously, and the cure was afterwards uninterrupted. As the suppuration was circumscribed, it was thought better not to resort to incisions.——Dr. P. GORDON STEWART relates "A Case of Traumatic Tetanus occurring in a Negro, and followed by Recovery." The affection was traumatic, and the symptoms were very severe. Several remedies were employed, as chloroform, croton oil, calomel, and compound jalap powder, and the spine was vesicated and afterwards dressed with mercurial ointment. Dr. Stewart does not know exactly to which remedy the cure is to be attributed.

'MEDICAL TIMES AND GAZETTE.'

The number of the 'Medical Times and Gazette' which we now review begins with the first of three clinical lectures "On Iridectomy and Glaucoma," by Mr. WHARTON JONES, of University Hospital. The operation—iridectomy—is explained as meaning excision of a portion of the iris, and it is shown to be *central* or *lateral* in the method of performance. The object is to form an artificial pupil; so that when the cornea immediately in front of the pupil is opaque, light may be admitted upon the retina and at least a certain amount of vision gained. Clearance of the cornea is centrifugal. The conditions of the iris and pupil in cases of perforating ulcer of the cornea are mentioned. Lateral excision is the more usual, and is done not only in the instance just mentioned, but also when the pupil is occluded with lymph and by adhesions. The

operation is as follows :—The patient lies upon his back, with his head raised and fixed; chloroform may or may not be administered; the lids are separated; the cornea incised where we would have it perforated—namely, near and concentric with its margin—the opening being made by means of a cataract knife, and according to the plan of puncturation and counter-puncturation; the aqueous humour flows away, and at this stage the iris may become prolapsed, unless adhesions be present to prevent such an occurrence: when it happens, the projecting iris is to be snipped off. Should the iris, however, not protrude, owing to its being bound down by adhesions, it must be seized by the forceps and drawn out to the necessary extent; at the same time, great care must be taken not to wound the capsule of the lens. Little or no bleeding takes place from the cut iris, unless it be in some way unsound. The object of the operation is to evacuate aqueous humour so as to allow the vitreous body and lens to press against the iris and cause it in turn to press against the cornea. The corneal wound quickly unites, and the eyeball regains its natural rotundity. The aqueous humour is stated to be derived from the blood of the ciliary processes, and not from the lining membrane of the aqueous chambers, nor from the iris. In cases of irideremia there is nevertheless abundance of aqueous humour. Blood effused into the chambers of the eye is rapidly effused. Evacuation of aqueous humour, as introduced by Mr. Wardrop for dim vision, the result of hypersecretion of that humour, is commented on, and shown to be highly useful and most valuable as an auxiliary to medicinal treatment. Glaucoma is defined to be a diminution of sight, or an entire loss of the sense, with an alteration in the pupil, and a peculiar sea-green opacity at the back of it. The derivation of the word is from γλαυκος, sea-green. The peculiar opacity of this affection has been proved by Dr. Mackenzie to be dependent upon an alteration in the lens, which body, though transparent, reflects much of the light thrown upon it. This coloration is shown to be merely incidental, and not a pathognomonic sign of the disorder, and is often found existing in old persons who are free from all ophthalmic diseases. Great general venous congestion of the eye, but especially of the choroid and retina, is the essential characteristic of glaucoma, the humours being all transparent; the arteries, owing to venous compression, are slender and pale. The conditions of the other structures of the eye, viz., of the choroid, the external veins, the iris, the humours, and of the lens, are severally pointed out.——Dr. Harley continues his lectures "On the Urine and Urinary Organs," hippuric acid being the subject selected for consideration, and discussed in its chemical, physiological, and pathological bearings. Having passed this in review, he then directs attention to the chloride of sodium or common salt. ——Dr. Thorogood communicates a paper in which is shown the curative effect of "Belladonna in Certain Forms of Epilepsy."——Dr. Coghlan contributes "Notes on Dysmenorrhœa and Sterility."——Drs. Jackson and Bullen have articles, the former "On Amaurosis with Hemiplegia;" the latter, "On the Removal of a Large Neuroma from the Median Nerve."——"The Action of the Bromide of Potassium" is the subject of a paper sent in by Dr. Williams. In this he shows the benefit to be obtained from the medicine in cases of epileptic convulsions.

REVIEW OF BOOKS.

Exanthematous Diseases: their Rational Pathology and Successful Treatment. To which are added, Remarks on Hooping-cough, Diphtheria, Croup, Laryngismus Stridulus, Chorea, and Erysipelas. Illustrated by Details of Numerous Cases. By John Pursell, M.D., F.R.C.S.E. Pp. 103. London: Churchill and Sons. 1864.

The principal object of Dr. Pursell in writing this little book appears to be to show the efficacy of quinine or cinchonine in the treatment of the diseases mentioned in the title-page; and the use of these alkaloids was suggested to his mind by the remittent character which he states he had generally observed those maladies to assume. In his description of the symptoms of the diseases mentioned, and of their varieties, it does not appear to us that Dr. Pursell has exhibited much originality, or has introduced any novelty; and in some instances—as, for example, in describing diphtheria and croup—he does not seem to have made himself thoroughly acquainted with the recent literature of those subjects. Again, that most of the exanthematous affections exhibit a certain periodicity in their course is quite true, but we are not sure that their remittent character is so striking as Dr. Pursell would represent; and therefore we can scarcely agree with him in the peculiar efficacy of the cinchona alkaloids in their treatment. The general application of tonic and supporting measures in such diseases is, however, no doubt beneficial.

On Poisoning by Diseased Pork. Being an Essay on Trichinosis, or Flesh-worm Disease: its Prevention and Cure. By Julius Althaus, M.D., M.R.C.P. Lond.; Physician to the Royal Infirmary for Diseases of the Chest. Pp. 34. London: Churchill and Sons. 1864.

The substance of this essay has already appeared in the pages of a medical contemporary, and we have previously noticed the chief points brought forward by the author on the very important subject of trichinosis. Since the appearance of the original papers and the publication of the present essay, Dr. Althaus has made several additions, in consequence of the development of new facts in connection with the trichina disease. We consider Dr. Althaus's essay, in its present form, to be the best monograph which has hitherto appeared on the subject of trichinosis.

Mr. Baker Brown's services to science and practice have lately received a new recognition on the continent. The Société des Sciences Médicales et Naturelles of Brussels has lately conferred on Mr. Brown the title of corresponding member, the diploma being accompanied by an extremely flattering letter from the President of the Society.

The Late Appointment of Apothecary in Drogheda Workhouse.—The name of the gentleman who was appointed apothecary in the Drogheda Workhouse at the last meeting of the Guardians is M'Greevy, not M'Creedy, as erroneously printed in this Journal last Saturday. Surgeon M'Greevy is highly respected both in Antrim and Lurgan, where he has heretofore resided. So long ago as 1857 the inhabitants of Antrim presented him with a valuable gold watch and chain and a purse of sovereigns for his unwearied attention to his professional duties and his self-sacrificing devotion during the awful visitation of the scourge of cholera amongst the poor of that town. We have no doubt Surgeon M'Greevy will give every satisfaction in his new sphere of labour, and fully sustain the high opinion the Guardians here have formed of him.—'Drogheda Reporter.'

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 27, 1864.

HOMŒOPATHIC STATISTICS.

It has sometimes been said, and with considerable truth, that statistics may be made to prove anything. You have only to exclude some class of cases which might tell against you, or include others which may tell in your favour, and afterwards do as you like with the rest, and then your statistics are ready for use. One of the most amusing specimens of this kind of statistical cookery which has lately fallen under our notice is a Report of the Leopoldstadt Homœopathic Hospital at Vienna, for the year 1861—a document which is admirably calculated to effect the purpose for which it was no doubt designed—namely, to gull the public. The names of all the diseases, on the principle *omne ignotum pro magnifico*, are given in Latin: thus, hiccup is singultus; gum-boil is parulis; chilblains are perniones; mumps are parotitis, &c.; and although these and other diseases of a similar kind are not particularly important or severe, it appears that the cases are all treated as in-patients, and the period of their stay in the hospital is accurately measured.

The mortality at this establishment is so wonderfully low, that we are surprised that any people ever die at Vienna; and, indeed, if the success of homœopathic practice should continue to be so great at the city in question, Rokitansky and other morbid anatomists who have hitherto made their post-mortem examinations by the thousands every year, will soon find that their "occupation's gone," and that there are no bodies for them to dissect. Out of 818 patients at the Leopoldstadt Homœopathic Hospital, only 17 died, being in the proportion of about 2 per cent., a result which is perfectly astounding as compared with the mortality at other establishments. The time occupied in the treatment of the above patients amounted to 13,013 days, giving for each patient an average of 15·9 days.

On examining these statistical tables more closely, we are led to admire the sanitary condition of Vienna, and at the same time to congratulate the inhabitants of the Austrian capital on their apparent immunity from those serious diseases which we know to prevail in other parts of the world. Disease does indeed occur, but the serious forms of it are comparatively unknown if we are to believe the tables before us, because we presume that the authorities of the hospital do not turn away from the door those cases which are acknowledged to be difficult and dangerous, but take them all as they come. We accordingly find among the 818 cases recorded, that there were only nine of tuberculosis of the lungs, of which only two died; only three of cancer, all of which recovered; only one of syphilis, which of course recovered; only one of apoplexy, which also recovered; one of meningitis, which likewise recovered; and only five of disease of the mitral valves, and even of these two were relieved.

On the other hand, we find that diseases not considered either serious or generally fatal by the Medical Profession figure very largely among these 818 cases treated as in-patients, and remaining under treatment for an average of 15·9 days. Thus, for instance, common colds, under the imposing names of catarrh. laryng. acut. and chron., catarrh. pulmon. acut. and chron., amount to fifty-seven cases, all of course terminating in recovery; common sore-throats, under the name of angina, amount to thirty-two cases; of gum-boils there are nine—exactly the same number as those of pulmonary consumption; common diarrhœa, under the names of catarrh. gastro-intest. and chron., affords no less than ninety-three cases; and amenorrhœa, and chlorosis, and dysmenorrhœa, account for forty-seven more. That some sort of selection is observed in the retention of the cases is very evident from the admitted fact, that nine cases of variola were sent away to another hospital—whether homœopathic or otherwise, we are not informed. This dismissal of the small-pox cases strikes us as rather unfair, because, if the principles of homœopathy are true and the practice successful, small-pox ought to be as amenable to treatment, and to afford the same proportion of extraordinary cures, as any other disease.

A large city which, out of 818 cases of disease, affords only nine of pulmonary phthisis, one of scarlatina (cured), three of cancer (all relieved), one of apoplexy (cured), one of meningitis (cured), two of white swelling (cured), must be in an enviable state of salubrity; and it may be assumed that in other forms of disease either the type of the malady was mild, or the treatment was almost miraculously successful; for, out of eighteen cases of peritonitis, only one died, and out of 154 cases of acute, subacute, and chronic rheumatism not one fatal case occurred! We are not, indeed, surprised that the case of hiccup (singultus) recovered under the use of the globules, and that the chilblains and the gum-boils were treated with equal success by the same method—aided, perhaps, by warmth and food in the one case, and probably by the gum-lancet in the other; but the cures in other cases really almost surpass belief: apoplexy is cured, meningitis is cured, white swelling is cured; while even cancer and valvular disease are relieved.

But on examining the details which have been furnished in reference to some of the cases, our incredulity is partly diminished. Thus, for instance, we are favoured with some particulars as to the case of apoplexy; and we find that the patient was a strong, stout woman, who was seized with temporary unconsciousness, and who was treated before she arrived at the hospital by *ice to the head and a strong purgative*. By the time she came to the hospital she had regained her consciousness, and the cure (?) is complacently attributed to the homœopathic inanities which she was directed to swallow when all dangerous or important symptoms had disappeared or were disappearing. We have sought in vain for any information of a detailed description, of any of the other wonderful cures, and the person who has drawn up the report is entirely silent as to the extraordinarily small proportion of phthisical cases, the diagnosis of the cancerous ones, the treatment of the cases of peritonitis, and many other points on which accurate information would be very desirable.

But, *en revanche*, the compiler details the particulars of the common colds, which we are told were very frequent, and all recovered under globulistic treatment; and we may very safely assert that if these fifty-seven cases, pompously described as pulmonary and laryngeal acute and chronic catarrh, had been put into a comfortable room, and had been subjected to no treatment at all, except an allowance of ordinary food and protection from the inclemency of the weather, they would all have equally recovered.

In many of the cases, therefore, we may be satisfied that the homœopathic treatment did no harm, and that it was equally immaterial to the result whether the patients took the decillionth of a grain of sugar, or flint, or chalk, or anything else of the same kind, and in the same doses. But we are not so sure that, on the showing of the homœopaths themselves, many of the cases were not cruelly neglected, and that the sufferings of the patients were not needlessly prolonged by the non-administration of suitable remedies. Thus, for instance, we are told that a poor girl was allowed to die of anæmia, in whose body, after death, nothing was found except a shrivelled, lax, and bloodless condition of most of the internal organs, and a few scars of ulcers in the ilium. She would probably have recovered under the use of iron, quinine, and nourishing food. Again, we are informed that there were thirteen cases of hemicrania (a form of neuralgia); and we are candidly told (*mirabile dictu!*) that not one was cured, and that *it was not often very easy to relieve the head-ache.* Very likely not by the homœopathic globules; but quinine or arsenic in proper doses would, in all probability, have relieved the sufferings of these unfortunate patients, who, we are told, left the hospital uncured, and who, we hope, were subsequently relieved of their pain by some practitioner who was uncontaminated by the homœopathic absurdities.

We have thus indicated pretty clearly what we think of the Report of the Vienna Homœopathic Hospital, which is probably a type of its kind, and is no worse and no than any other similar institution devoted to carrying out the views of Hahnemann.

SUMMARY OF THE WEEK.

THE BRITISH PHARMACOPŒIA.

As many statements, more or less erroneous, are current on the subject of the British Pharmacopœia, we think it right to repeat what we have on a former occasion observed, that there is no probability whatever that the present work will be withdrawn from circulation, and that those who expect the speedy appearance of a new book will inevitably be disappointed. The edition just sent forth is rapidly being disposed of, but fresh copies will be supplied as occasion requires; and the only step now being taken in reference to a new edition is the appointment of a committee, consisting of representatives in London, Edinburgh, and Dublin, to examine into the defects of the present work, with a view to a new edition at some future period. There is not the slightest chance that this new edition will appear under at least eighteen months from the present time, and it will then come just like any other second edition of a scientific work, corrected up to the time of its publication. We are no apologists for the British Pharmacopœia, and we have repeatedly exposed its defects and shortcomings in our pages; but, nevertheless, we are aware of the enormous difficulties of the task involved in the fusion of three Pharmacopœias into one, and we are disposed to be lenient to those who have had the management of so laborious a duty, which has required great tact and discretion, as well as the higher qualities of learning and experience. We could, if we chose, point out some of the individuals by whom the leading mistakes in the British Pharmacopœia have been perpetrated, and the obstinacy of a few, and the too ready acquiescence of others, by which objectionable features have been introduced. We shall, however, only remark in general, that national prejudices and prepossessions are hard to overcome, and to this cause many anomalies and incongruities are to be attributed; added to which, the book has been compiled by three committees, all sitting at once in different parts of the kingdom, and consequently unable to work in perfect harmony with each other. It may also be stated, that however eminent may be some of the members of the Medical Council, they are not all good chemists, and none of them are pharmaceutists; and some of the subordinates to whom they delegated their functions might not be, perhaps, the most competent assistants, or the least biassed by preconceived views. But all these difficulties were inseparable from the very idea of forming a National Pharmacopœia; and the present volume, imperfect as it undoubtedly is, is quite as good as could be reasonably expected when the enormous labour of smoothing existing inequalities and overcoming objections is taken into account.

THE COLLEGE OF PHYSICIANS AND THE GOLDEN APPLE.

About the year 1815, the three London Medical Corporations were somewhat in the position of the three goddesses, who exhibited their charms in emulous rivalry to the Royal Shepherd of Mount Ida; but unlike Minerva, Juno, and Venus, who all coveted the glittering prize, the College of Physicians, the College of Surgeons, and the Society of Apothecaries were indifferent to the bauble in the shape of the Apothecaries' Act, and the two former positively declined it; and it was at last pressed upon the latter body by the Government of the day. It must be admitted that the apple at that period was not worth much, and instead of being a ripe golden pippin, it was both sour and immature. Since then, however, it has increased in bulk and in flavour, and consequently in value; and now that the fruit has become completely ripe, the eldest sister of the three corporations has lately viewed it with longing eyes, and, in fact, has managed very recently to get a slice of it, although she formerly refused even to taste it, and turned up her nose at the very thought of its being brought to her table. Our contemporary, the 'Lancet,' is now trying the part of Paris, and is again offering the golden apple

although he has not yet got it into his own hands; and inasmuch as it is not possible to steal the fruit, and nobody is strong enough to take it by force, a novel plan is recommended, namely, to buy it, or rather to give in exchange for it all the respectability which the College possesses. It must be added, in justice to the College, that it repudiates the offer made to it; but still, it might find better means of publishing its refusal of the disgraceful barter than by communicating its sentiments to the Medical public in an obscure corner of a weekly periodical, among its answers to correspondents. The announcement to which we refer, inconspicuous as it is, is evidently dictated by authority, and it tells us that the Brighton Memorial was sent by the Fellows of the College to the Council "simply for the sake of shelving it, without hurting the feelings of the memorialists." The same authority, acting no doubt under what the French press calls "inspiration," tells its correspondents that "there is not the very smallest chance of the College accepting the proposal of giving *ad eundem* degrees to Licentiates of the Society of Apothecaries."

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

In our article on the College of Surgeons last week, we quoted some remarks from a published report of a speech made by Mr. Arnott at the late dinner held by the Fellows of the College. He was represented to have said that the College, without any assistance from the State, had raised up and maintained a splendid museum and library, the former having been declined by the Government of the day, when offered to them by the representatives of John Hunter. Whether Mr. Arnott's speech was misreported, or whether that gentleman's memory had failed him as to the facts, we know not; but it was incorrect to assert that the College had received no assistance from the State, inasmuch as sums amounting to somewhere about 30,000*l.* have been voted from time to time by Parliament for the purposes of the museum. It is quite correct, however, that the College is not maintained by the State, as the sums first mentioned were granted for specific purposes, such as the purchase of specimens and the erection of the new building. With this exception, however, the College has no support from the Government, and its maintenance is entirely derived, as we stated, from the fees paid by candidates for diplomas. We are inclined to believe, also, that Mr. Arnott was incorrect in stating (supposing that he was not misreported) that the Government declined to purchase John Hunter's collection. It was *William* Hunter's museum which was declined.

THE INDIA MEDICAL SERVICE BILL.

In the debate upon the India Medical Service Bill on Friday last, in the House of Commons, Mr. Hennessy moved the introduction of a clause requiring the assistant-surgeons to pass an examination as the condition of their appointment as Indian Medical officers; but although the honourable member argued the point with great zeal, force, and ability, he was defeated on a division, and the Bill has passed the House. He contended that the present Bill was only a device to cover the misconduct of the Government in reference to their treatment of the Medical officers; for, in respect to rank, pay, and general position, they had been so badly treated, that there was a difficulty in procuring candidates for that part of the service. Sir Charles Wood's remarks in reply were unfair and evasive, and he actually argued in favour of his measure from the very facts which ought to have been adduced against him. He showed, what is quite true, that there was a deficiency of candidates for the Medical service under the system of competitive examinations, but he concealed the fact that this deficiency arose from the shameful breach of faith committed by the military authorities towards the Medical officers of the army. He also stated that all he proposed to do by the Bill was to enable the assistant-surgeons in the Queen's army to volunteer, if they pleased, into the Indian service; and he expressed his high appreciation of the benefits derived from competitive examinations. Colonel North believed that Sir Charles Wood's argument would be a very good one if our own army found no difficulty in obtaining medical officers, but he could not see how the deficiency in the Queen's service would be obviated by the assistant-surgeons in that service volunteering into the Indian army. But the Government was deaf to all arguments; and although the subject in question was a Medical one, the opinions and remonstrances of all kinds emanating from Medical men were entirely ignored, and the Bill was passed through the Commons, an irreparable injury having thus been inflicted upon the principle of competitive medical examinations as passports to admission into the Army Medical Service.

LEGISLATION ON SYPHILITIC DISEASE.

The very unsavoury subject of the control of syphilitic infection has been introduced into a Bill in the House of Commons, entitled the Contagious Diseases Bill, which, at the time of our writing, has passed through its different stages, and now only awaits its fate in the House of Lords. It will be seen that the sphere of operations contemplated by the Bill is limited in its locality to certain seaport and garrison towns and camps, and in its duration to three years, after which time it may be abandoned, or its provisions may be renewed, according to the success or failure of the experiment. The following are the heads of the measure, which obviously aims at the check of syphilitic disease among soldiers and sailors:—

"The Bill, with amendments, has been reported to Parliament, and issued accordingly. The enactment, which is to continue in force for three years, is to have effect at Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, Aldershot, Colchester, Shorncliffe, the Curragh, Cork, and Queenstown, and in the specified limits of parishes, villages, and places included in or contiguous to the towns and stations named. It will be the duty of an Inspector of Hospitals, chosen for the purpose, to supervise a system of Certified Hospitals. The authorities of any hospital, being desirous that such hospital should be certified, if, on examination and report by the Inspector of Hospitals, the hospital appears to the Admiralty and the Secretary of State for War to be useful and efficient for the purposes of the Act, it will be constituted a Certified Hospital, and will be from time to time visited by the Inspector. Power is given to withdraw this certificate, if the authorities think fit to do so, on the report of the Inspector. This system of hos-

pitals will be utilised as follows. Any authorised superintendent or inspector of police, or any duly registered medical practitioner, can lay before the justice of the peace an information; the justice may, if he think fit, issue to the woman named a notice summoning her to appear personally, or by deputy. In event of the person not appearing, or the matter of the information being substantiated on oath or affirmation, the justice may order the woman to be taken to a Certified Hospital for medical examination. The woman may be apprehended for this purpose. The medical authorities of the Certified Hospital will return to the justice, within twenty-four hours, a certificate of the examination made; and on this the justice may, if he think fit, order the authorities of the hospital to detain such woman for medical treatment until discharged by the authorities. In the case of the patient refusing to submit to the examination, or to the medical treatment, or to the rules of the hospital, she may be summarily convicted, and be imprisoned for one or two months."

A QUESTION IN PSYCHOLOGY.

A man has been lately brought before one of the police-magistrates, charged with sending threatening letters to the Prince of Wales, Sir George Grey, Dr. Begley (of Hanwell), and others. The accused person, it appears, had been an inmate of the Hanwell Asylum from July, 1863, till May of the present year. He was admitted on account of his suffering from delusions; and after having been carefully watched, it was considered that the delusions had left him, and he was discharged cured. Dr. Begley, however, lately received a threatening letter from him, and in consequence he was brought before the magistrate, who asked the following question of Dr. Begley:—"May a dangerous delusion exist, leaving the person so affected sufficient soundness of mind to distinguish between right and wrong?" to which Dr. Begley, who has had a long experience in the treatment of the insane, very cautiously replied, "That this was a very much-disputed question, upon which he would rather not express any opinion." Dr. Begley stated, however, that the delusions were such as to make the individual who entertained them dangerous to the persons threatened, and for this reason he (Dr. B.) had put the matter in the hands of the police. A curious feature in the case is that Mr Haswell, a magistrate, and said to be a Commissioner of Lunacy, could not detect any "delusions" during a conversation with the accused, who had called upon him and conversed with him about his future prospects and intentions. If Dr. Begley alone had been threatened, it is very possible that the affair might have been treated with ridicule, or that gentleman might have been left to the mercies of his rather unwelcome correspondent; but as the Heir Apparent to the Throne and the Secretary of State for the Home Department have also been menaced, it is probable that the case may assume a rather more serious aspect. As the laugh has been against the doctors for some time, it is not unlikely that things may take a turn, and that the public will, in common parlance, have to laugh "on the wrong side of the mouth" in relation to the subject of "delusions."

DAMAGES FOR CANCER CAUSED BY A RAILWAY COLLISION.—At the late Durham Assizes, Mr. Hudson, an ironmaster of Sunderland, brought an action against the North Eastern Railway Company to recover compensation for a cancer in the breast of his wife, caused by a blow received in a collision on that railway in September last. The jury returned a verdict for the plaintiff—Damages 400*l.*

GENERAL CORRESPONDENCE.

MERCURY IN SYPHILIS.

To the Editor of the Medical Circular.

SIR,—On 27th April last, you did me the honour of inserting in your Journal a letter in which I endeavoured to show that the simple treatment, so-called, of Fricke, is absolutely and in fact mercurial treatment, seeing that that gentleman uses corrosive sublimate baths in preference to all others.

In MED. CIRC., 25th May last, Dr. Drysdale demurs to my conclusion in this way:—"Dr. Sisson must surely recognise the distinction between the mere topical application of lotions or baths of nitric acid, sulphate of zinc, or corrosive sublimate, which act as topical irritants and astringents, and the constitutional effects of the drug, when rubbed in, inhaled, or swallowed."

Now, Sir, I beg to state that I do not recognise such distinction, simply because no such distinction exists; and I prove the fact by the following extracts from Taylor "On Poisons"—head, Corrosive Sublimate.

"The readiness with which this poison acts through the skin is proved by the following circumstance:—

"M. Cloquet plunged his hands into a concentrated solution of corrosive sublimate, in order to remove some anatomical preparations. He did not wash his hands afterwards; and in about eight hours he was attacked with severe pain in the abdomen, constriction in the chest, painful respiration, thirst, nausea, and ineffectual attempts at vomiting. Under the use of diluents these symptoms were removed, but for eight days he suffered from pain in the epigastrium."

Again, "Dr. Guerard has seen ptyalism produced as a result of three corrosive sublimate baths (3j. of the poison to about ten gallons of water), taken at intervals of three days."

After this I think Dr. Drysdale must cease to quote Fricke as a non-mercurialist. I am, &c.,

R. S. SISSON, M.D.

Maida Vale, 16th July, 1864.

THE BRIGHTON APOTHECARIES AND THE COLLEGE OF PHYSICIANS.

To the Editor of the Medical Circular.

SIR,—The medical practitioners at Brighton, who have made themselves so supremely ridiculous and contemptible by their attempt to obtain the licence of the College of Physicians on condition of giving up their certificates from the Society of Apothecaries, ought to be held up by name to the Profession at large, which I believe has not been the case with the 'Lancet.'

These worthies ought to be aware that all the improvements which have taken place in medical affairs in the last fifty years have either originated or been instigated by the Apothecaries' Society, and that the Profession and the public are more indebted to that Society than to any other medical or surgical corporation.

It has been the fashion of late to endeavour to run down and ignore the Society of Apothecaries; and it appears to be the ambition to catch at every paltry mode of adding "M.D." to the title of the young members of the Profession. The public have, however, become enlightened on the subject, and attach no more importance to the letters M.D. than if they signified "Muddling Dunce."

Pray enable us to suppress the vanity which is tending to ruin the respectability of the Profession.

Your old subscriber, D. G. H.

July 20th, 1864.

[The Licence of the College of Physicians confers no right to the title of M.D.—ED. MEDICAL CIRCULAR.]

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—Acting on behalf of the gentlemen whose names are subjoined, I have had much pleasure in forwarding Dr. Fowler a cheque for 13*l.* 13s., as a contribution to the above fund.

Resident as we are in Weymouth and its vicinity, and therefore the better able to appreciate, not only the incalculable amount of labour entailed upon our *confrère*, Mr. Griffin, by the collecting of facts and working of figures in support of the cause of Poor-law Medical Reform, but also the pure, unselfish motives which have inspired him throughout the arduous struggle in which he has so long been engaged, we gladly avail ourselves of this opportunity to unite with the Profession in paying him a well-merited tribute of respect for the ability, energy, and zeal with which he has invariably advocated this important question. And though it is to be regretted that his efforts have not as yet met with the success they have so eminently deserved, still it must be admitted that the concessions recommended in the Report of the Select Committee are mainly due to the persevering advocacy of our indefatigable townsman.

Impressed by these feelings, and convinced that Mr. Griffin, by his disinterested self-sacrificing labours, extended over a period of nearly ten years, has done honour to our calling, we trust that not only the Poor-law Medical officers, but our brethren generally, will display such *esprit de corps* on this occasion as to demonstrate that, as a Profession, we are capable of appreciating such noble herculean efforts made on behalf of suffering humanity.

In the name of the following contributors to the fund, I beg to subscribe myself Yours obediently,

Weymouth, July 18, 1864. J. MOORHEAD, M.D.

	£	s.	d.
Dr. A. Brown, Weymouth	1	1	0
Dr. M. Coucher, do.	1	1	0
W. Fowler, Esq., do.	1	1	0
Messrs. Fox and Rhodes, do.	1	1	0
Dr. J. Lithgow, do.	1	1	0
Dr. J. Moorhead, do.	1	1	0
H. Nathan, Esq., do.	1	1	0
Dr. W. Smith, do.	1	1	0
Dr. H. Tizard, do.	1	1	0
Dr. T. Parker, Abbotsbury	1	1	0
J. W. Pridham, Esq., Broadway	1	1	0
Dr. U. P. Brodribb, Portland	1	1	0
Dr. T. N. Nicholas, do.	1	1	0

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above fund :—

	£	s.	d.
Dr. Burchell, Shoreditch	0	10	6
Dr. G. W. H. Coward, do.	0	10	6
Dr. M. Greenwood, do.	0	10	6
G. Pound, Esq., Hartley Witney	1	1	0
J. R. Gibson, Esq., Holborn	2	2	0
Dr. Brown, Rochester	1	1	0
J. Kenworthy, Esq., Oldham	0	10	0
R. T. Morris, Esq., Wigan	1	1	0
J. E. Beckingale, Esq., Isle of Wight	1	0	0
C. A. M.	0	10	0
Per Dr. J. Moorhead, Weymouth	13	13	0

Erratum.—July 13th, read "J. Clark, Esq., Shoreditch, 1*l.* 1s.," instead of "1*l.*"

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treasurer and Hon. Sec.

July 20, 1864.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 4TH, 1864.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows of the Society :—Mr. E. Des Forges (South Cave, Yorkshire), Mr. Hartley, Dr. G. Hasenfeld (Pesth, Hungary), and Dr. Wharton P. Hood (Lower Seymour street).

Dr. BARNES exhibited a small fibroid tumour of the uterus spontaneously expelled from a patient who had suffered from metrorrhagia.

Dr. GREENHALGH communicated the result of the case of amputation of the cervix uteri mentioned at the last meeting. The patient died some days after the operation, of peritonitis.

Dr. BARNES, remarking on this case, observed that Dr. Marion Sims' method of removing the cervix uteri was superior to the operation by the écraseur, the surface left denuded being smaller, and the risk of peritonitis probably less.

Dr. FUSSELL, of Brighton, exhibited a specimen, consisting of the uterus of a patient who had died five days after removal of a cancerous tumour from the cervix uteri. The interior of the uterus was found diseased, and there were also fibroid tumours in the uterine parietes.

Dr. ROUTH stated, in the course of a discussion which arose on the merits of different écraseurs, that he had found by experiment that the wire-rope écraseur cut through the tissue of the cow's uterus more readily than the chain écraseur.

Dr. GRAILY HEWITT exhibited an entire ovum of seven months' development which had been forwarded to him by Dr. Whitmarsh, of Hounslow. The ovum had been expelled ten days after symptoms of labour had set in.

DR. J. M. GRANVILLE read a paper

ON THE APPLICATION OF EXTREME COLD AS AN ANODYNE IN THE PAIN ATTENDANT ON PARTURITION.

An examination of the phenomena of labour, more especially in relation to the nature, duration, and intensity of the pain accompanying it, has led the author to the following conclusions :—1st. The actual pain (as distinguished from the sensation of forcing) experienced by the parturient woman bears no definite proportion to the force and efficiency of what (for want of a better name) we term "the pains" of her labour. 2nd. The sensation of pain is not invariably synchronous with the occurrence of uterine contraction, the effects of the latter being perceptible to the accoucheur not unfrequently, during examination, before his patient experiences the former.

From these circumstances, taken in connexion with others well known to careful observers, it may be inferred, that the pain attendant on labour is more directly related to the effects of uterine contraction (perhaps mechanical force operating on nervous tissue) than to the specific muscular act itself.

The reference of the pain to some region more or less remote from the contracting uterus or the dilating external passages (in which the seat of pain might have been supposed to be located) appears to support the last inference ; whilst it clearly points to the conclusion, that the pain attendant on labour is neuralgic in its character.

Acting on this theory, the author has tried the effect of extreme cold as a topical anodyne, and the result has been so constant that, after repeated experiment, he feels confidence in bringing this new method of seeking to alleviate the pains of labour before the Society, and suggesting its adoption by the Profession. The method is applicable in all cases, independent of the condition of the patient,—cold being already in use as a powerful means of exciting the uterus to contraction in cases of extreme exhaustion. It is perfectly free from the dangers so inseparable from the most cautious use of anæsthetics. It is perfectly manageable, and may be safely confided to a nurse ; and its *rationale* is in strict conformity with the well-known principles of physiology. It is not intended to remove, but to alleviate, the pain attendant on parturition. It will be found that the power of the uterine efforts is generally increased, without any corresponding increase in the attendant suffering, the patient being not unfrequently under the impression that the pain has ceased when the presentation continues to evidence the continuance of the expulsive force. This has been very remarkable in some of the cases —the pains appearing to be shortened, when examination has proved them to be prolonged. The actual pain is sensibly diminished, the patients expressing themselves variously, but to the general effect that they are relieved of half their suffering.

The method of the application is of the greatest importance. The cold must be extreme, or it is of little if any service, and it must be persistent.

An apparatus was exhibited consisting of a flat tin box, which is filled with a freezing mixture and applied to the seat of the pain.

Dr. OLDHAM believed some difficulty would be found in determining what was the seat of pain. Madame Boivin referred the pain during her own labours to the neck of the uterus.

DR. ALFRED MEADOWS, M.D., read a paper

ON A NEW MODE OF TREATING CASES OF VESICO-VAGINAL FISTULA.

It was contended in this paper, that the usual practice of keeping the patient in bed for two or three weeks after the operation for the cure of vesico-vaginal fistula is unnecessary, and that, on the contrary, she may be allowed with perfect safety to go about as usual immediately after the operation. The author showed that the reason given for the former practice—viz., that the parts should be kept quiet, is as fully attended to in the plan suggested as in that usually followed, because the movements of the body do not interfere with the quietude of that particular portion of the floor of the bladder where the fistula existed, there being no muscles in this region which can by their attachments prejudicially affect the part in question. With regard to the second consideration,—that the urine should be kept from the surface of the fistula, either by the constant employment of the catheter or by its frequent use,—the author exposed the fallacy of this argument by briefly reviewing the circumstances which exist after every operation of this kind. At first the bladder is quite empty, but, as urine gradually flows into it, the organ becomes slowly distended; and the very fact of this distension taking place by the uniform pressure of the urine, proves that contact of that fluid with every part of the bladder-wall cannot be avoided; no position of the patient can prevent it, and consequently the recumbent posture is not needed on this account, nor is the use of the catheter of any service. Two cases were detailed in which the plan here suggested by the author had been carried out with perfect success. In one, where chloroform was not administered, the patient went about immediately after the operation, and followed her usual avocations. In the other case the patient had chloroform and on this account chiefly she kept in bed that day; but the next day she was allowed to go out, and her cure was equally complete. In both cases the opening was large enough to admit the finger easily; and in one of them it was situate far in the vagina. The author recommended the use of many sutures, merely twisting them, and without either clamp or shot; he also advised that they should be allowed to remain some time to secure firm union, their presence occasioning no inconvenience. One of the cases cited was further remarkable inasmuch as by the process of sloughing which had previously taken place no trace of the uterus could anywhere be discovered, and the patient has continued, for some time past, to menstruate through the bladder.

Dr. OLDHAM thought it a great point to save patients from the irksomeness of wearing apparatus; and by showthat the confinement hitherto considered necessary was not required Dr. Meadows had done good service.

Dr. A. HARRIS related a

CASE OF HYDRO-ENCEPHALOCELE.

The subject of this case was the thirteenth child. A tumour hung from the back of the head at the upper part of the occipital bone; it measured nine inches round, and was four inches and a half long; it contained fluid. The day after birth, four ounces and a half of a highly albuminous fluid were removed by a canula and trocar. Two days later it was again punctured. Nine days later a spontaneous evacuation occurred. The child wasted gradually, and died when three months old.

Mr. NUNN related a case of

DESTRUCTIVE INFLAMMATION OF THE HIP-JOINT IN A PUERPERAL WOMAN.

The patient was admitted into the Middlesex Hospital twenty-seven days after delivery of her second child, complaining of pain, swelling, &c., of the right hip. She had a patchy tongue, glazed fauces, and a pulse of 130. No inflammatory or other disease of the pelvic viscera. According to the patient's account, she suffered some post-partum hæmorrhage, and for three weeks had offensive discharges. The pain in the hip commenced nine days after delivery. The infant was suckled no longer than fourteen days. On the thirty-sixth day Mr. Nunn passed in deeply a narrow bistoury at the back of the trochanter, and gave exit to twelve ounces of pus. On the forty-fourth day rigors came on, and on the forty-eighth day death took place. The post-mortem examination revealed most extensive denudation of the head of the femur, the cotyloid cavity, and neighbouring osseous structures; no invasion of the pelvis by matter through the thyroid foramen; the uterus and other pelvic viscera not visibly affected; in the lower lobe of the left lung a small solidified patch the size of a bean, with a yellowish softened centre. Joint disease the author believed was generally accepted to be one of the consequences of puerperal fever, and under such circumstance to be the result of pyæmia. The question was—Is there a liability to joint inflammation peculiar to the puerperal state independent of ordinary purulent infection characterised by an absence of acute constitutional symptoms? The author related a case by Dr. Fenwick bearing on this point. He expressed a conviction that many analogous cases lay scattered over, and so to speak fossilized in, the experience of accoucheurs; and that it would be well, if his conviction should be justified by facts, that something more definite than is to be at present found in surgical text-books were made available to the student by these cases being brought to light. The obvious practical point was regarding the moment when an incision into the joint might justifiably be made, so as to relieve the system of the grave complication of pent-up matter.

Dr. MARTYN gave the particulars of an interesting case somewhat similar to Mr. Nunn's; the patient recovered, however, after an illness of many months' duration. The abscess should not, he believed, be opened. Rest was very important.

Mr. NUNN, in reply, said that it was curious to observe, in consulting various works, that the surgeons had apparently left the question of puerperal joint disease to the obstetricians, and that the obstetricians had tacitly relinquished it to the surgeons. A very important and highly interesting matter had thus, between the two, not received that elaboration which it required.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28.

Mr. PARTRIDGE, President.

Dr. SAMUEL FENWICK read a paper

ON THE CONDITION OF THE STOMACH AND INTESTINES IN SCARLATINA.

The object of this paper is to prove the following propositions:—1st. That the mucous membrane of the œsophagus, stomach, and intestines, is inflamed in scarlatina. 2nd. That desquamation of the epithelium of these parts takes place. 3rd. That, notwithstanding the anatomical changes in the mucous membrane of the stomach, the formation of pepsine is not prevented. 4th That the condition of the skin is similar to the condition of the mucous membrane in scarlatina. In support of the first proposition, the microscopic examinations of the mucous membranes of the œsophagus, stomach, and intestines were detailed in ten cases of death from scarlatina during the first week of illness, and in six cases who died in the second and third week of the fever. The first effects of the scarlatina poison upon the mucous membrane of the stomach were shown to be the congestion of the blood-vessels and the stripping the epithelium from the tubes and the surface of the organ, and also the softening of the tissues. The tubes are greatly distended by granular and fatty matters, or by small cells intermixed with granules, and in some cases they are lined

by a newly-formed membrane. Sometimes no normal cells can be distinguished; in other cases they are present, but are scattered irregularly. After the second or third week the tubes are found less distended than at an earlier period, and whilst their closed ends are still loaded with granular matters, which greatly obscure the gastric cells. These become more evident towards the surface of the mucous membrane. The cells at this period are sometimes very large, sometimes loaded with fat or coated with granules, and seem to have but little adhesion to their basement membrane, as they readily separate from the tubes, but adhere closely to each other. The effects of the inflammation upon the intestines seem, in slighter cases, to consist in the effusion of granular and fatty matters into the mucous membrane; but in more severe cases the tubes of Lieberkühn are obstructed by epithelial cells, whilst extravasations of blood take place in the villi, and these, with the rest of the mucous membrane, are loaded with small cells and granules. In one case the mucous membrane was entirely stripped of villi, excepting a few fragments which still remained, and the enlarged and prominent openings of the follicles of Lieberkühn gave its surface the appearance of a sieve. In some instances in which the pancreas has been examined, evidences of disease presented themselves. The second proposition was stated to be more difficult of proof, inasmuch as vomiting usually occurs only in the first stage, and the author had no opportunity of examining the vomited matters at this period of the disease. In one case, in which vomiting took place in the third week, fibrinous casts of the stomach tubes were discovered, and inflammation of the mucous membrane was proved to have existed by post-mortem examination. The chief reason upon which the opinion that desquamation of the epithelium occurs was founded, was from the microscopic examination of the contents of the stomachs of those who had died of this disease. The contents in recent cases consisted of pieces of fine membrane, of cells, and of granules and shreds of membrane. The membranes were of the shape and size of the tubes of the stomach, and were covered with granules and fat. The cells varied from 1-1200th to 1-2200th of an inch, and were usually fringed with fine pieces of membrane. In cases of longer duration the membranes were covered with cells, and were also of the size and shape of the stomach tubes. In order to ascertain if these appearances were trustworthy as evidences of inflammation, the contents of the stomachs of forty-five subjects were examined at the Middlesex Hospital, the condition of the mucous membrane being at the same time noted. In only one were there any fibrinous casts, and it was in a case of acute gastritis. In eighteen there were only separate cells, chiefly of the columnar form, and in none of these was there any inflammatory action. In eight cases casts of the upper parts of the tubes were plentiful, composed only of healthy conical cells, and in all the mucous membrane was in a natural condition. In eighteen there were either plugs formed of cells and granules from the secreting parts of the tubes, or the casts of conical cells were overlaid with granular matters, and in all of these the stomach was more or less inflamed. Two cases of gastritis, unconnected with scarlatina, were also quoted as examples of the forms in which casts of the stomach tubes appeared in vomited matters during life, and the author stated he had detected casts of the stomach tubes in matters vomited by persons affected with gastritis connected with diseased kidneys, with inflammatory dyspepsia, and other forms of inflammation of the gastric mucous membrane. It was urged that if casts of the gastric tubes can be discovered during life in cases of gastritis, and if in scarlatina this condition exists, and casts have been found in the stomach after death, there is every probability that desquamation of the epithelium takes place in this organ as it does in the skin and the kidneys. In support of the third proposition, the results of the following experiments were given in three cases of scarlatina:—Ten grains of hard-boiled white of egg were digested at a temperature of 90° for twelve hours in an infusion of the mucous membrane, to which 3 per cent. of hydrochloric acid had been previously added. The average loss of albumen was three grains and two-thirds. Similar experiments performed with the stomachs of eleven males, who died of various diseases at the same hospital gave an average loss of four grains; so that there had been scarcely any diminution of pepsine produced by the fever. As a contrast to this were the results of similar experiments upon four cases who died of typhus fever. In two of these the albumen had gained three grains of weight by imbibition, and was not at all softened; whilst in the other two it was softened, and one had lost only half a grain, the other one grain and a half in weight. But as the activity of the digestion must depend, not only upon the relative amount of pepsine, but also upon the bulk of the mucous membrane, this was also attempted to be estimated. The average weight of the mucous membrane of the stomachs of ten males dying of various diseases at the Middlesex Hospital was eighteen drachms, the weight of two recent cases of scarlatina was eighteen and sixteen drachms (the latter being in a boy), whilst it only amounted to fifteen drachms in one who died in the third week of illness. In four cases of typhoid fever the average weight of the mucous membrane only reached eleven drachms. Under the fourth proposition it was stated that the skin had only been examined microscopically in three cases. In the first in which the patient died after a few days' illness, the only morbid appearances in the cutis was an occasional minute extravasation of blood in the neighbourhood of the sudoriferous ducts. The rete mucosum was greatly thickened, and numerous round cells with large nuclei were everywhere visible, intermixed with the natural cells. The basement membranes of the sweat-glands were thickened, and the epithelium lining them was so much increased that in most cases it obstructed their channels. In some of the sweat-glands the coils of which they were composed were loaded with coagulated blood, and were greatly and irregularly distended. In the other recent case the appearances were similar, excepting that the external layers of the cuticle were stained with blood in minute patches, and the sweat-ducts were also reddened; but there were no extravasations of blood either in the glands or cutis. In some of the ducts the epithelium was detached from the basement membranes. In the case of a man who died during the third week the sudoriferous tubes were still choked up, but in the glands the epithelium seemed in many places to be torn away, leaving the basement membranes bare, or only covered by ragged particles. The cutis was in a natural condition. The author stated that although he had, in accordance with the usual custom, described the appearances of the skin and mucous membranes as the results of inflammation, yet that certain considerations suggested the idea that the term when so used was perhaps misapplied. In scarlatina, we find that in each part the morbid condition is mostly confined, in the first instance, to the basement membranes, and consists in the formation of layers of new cells, which, in the skin, are transformed into cuticle of natural appearance, and in the stomach contain pepsine. If future researches should prove that a similar condition occurs in the kidneys and other parts, it will be necessary to look upon the structural changes produced as resulting from increased physiological, rather than from pathological action; and that the primary effect of the scarlatina poison is suddenly and violently to stimulate the natural cell-growth of the various secreting organs.

Dr. WILSON FOX said that he had listened with much pleasure to Dr. Fenwick's very able paper. It had possessed an especial interest for him, inasmuch as Dr. Fenwick's observations on scarlatina confirmed those which he had himself communicated to the Society in 1858, on the condition of the stomach in a variety of acute diseases, including variola, typhoid and puerperal fevers, pneumonia, peri- and endocarditis, cholera, and many others, in which he had found the stomach in a condition very closely resembling that described by Dr. Fenwick, and which, after Professor Virchow, he had designated as one of acute catarrh, the mucous membrane being hyperæmic, swollen, and cloudy-looking, and covered with very tenacious mucus. This condition Dr. Fox had always found associated with a granular condition of the epithelial cells, which were shed

with great facility both from the surface of the membrane and from the interior of the tubes, and were found in great numbers, and often enlarged and presenting multiple nuclei in the tough mucus covering the surface. Dr. Fox said that since he had made these observations he had been in the habit of regarding the furred condition of the tongue in acute diseases as an index of the same irritative production of epithelium through the gastric intestinal tract. He had also at the same time been able to point out, on anatomical grounds, that chronic affections of the stomach were frequently associated with chronic affections of other organs. On some points of detail Dr. Fox said that his observations differed from those of Dr. Fenwick. He had not examined with the microscope stomachs of patients dying from scarlatina, but the appearances which these presented to the naked eye corresponded so closely with those to which he had alluded that he spoke on them with more confidence than he should otherwise feel inclined to do. He still thought, as he had pointed out in his original paper, that the granular matter which Dr. Fenwick described as occurring free in the tubes was really contained in the interior of epithelial cells, and that it was only in the severest cases of acute gastritis, in which the cells became at once broken down, that the granular matter was found free. With regard to the casts of tubes described by Dr. Fenwick, Mr. Fox, not having examined the stomachs of scarlatina patients, could not make any positive observations, but he had never found any in the cases of other diseases which he had mentioned. He had, however, often observed appearances in the mucus having a most deceptive resemblance to casts, from the manner in which the epithelial cells were agglutinated by the tough mucus. He did not think that these casts, if they did occur in the stomach, could be of a fibrinous nature any more than the first epithelial desquamations from the kidney in the early stages of Bright's disease possessed that character; nor was he of opinion that the membrana limitans of the gland separated with the epithelium. He believed that when the membrana limitans (when it existed) was destroyed or injured, the power of reproducing epithelium was impaired or lost. Epithelium often separated in continuous masses from mucus surfaces and from the interior of glands.* Such desquamation was not only exceedingly common under conditions of irritation, but was also under some circumstances a physiological act. It had been noted long ago by Mr. Goodsir during digestion, and many recent observations on this subject were contained in Virchow's Archiv. Dr. Fox was of opinion that Dr. Fenwick's observation, though very valuable as evidencing the participation of the stomach and intestines in the consequences of the scarlatina poison, did not show anything specific in that organ, or peculiar to the disease in question.

Dr. WEBSTER had listened with great gratification to the paper, especially as it confirmed what he had observed as to the employment of remedies in scarlet fever. It gave a great additional value to the minute researches of the author that they had a practical bearing in treatment. Dr. Webster then related instances in which the internal administration of irritating remedies, especially purgatives, did harm. He referred also to the bad effect of articles of diet which were sometimes given to children in scarlet fever to tempt the appetite; and, lastly, alluded to the good effects of sponging the skin with tepid water and vinegar.

Dr. MURCHISON said that he had examined the stomach in twenty cases of scarlet fever, and found, on the whole, similar appearances to those described by the author, but he agreed with Dr. Fox that the granules were in the interior of the epithelial cells. He had not seen any casts. He thought, however, that the author had called attention to an important complication, but he (Dr. Murchison) could not agree that it was of universal occurrence, as he had examined the stomach in several cases of scarlet fever and had found it quite healthy; and, on the other hand, he had found changes like those in scarlet fever in the stomachs of those who had died of other diseases.

The AUTHOR said the question was one of experience, and continued examination would no doubt settle the question. In every case that he had examined during four years, he had found the changes he had described. In some cases of scarlet fever the skin was not affected, and yet it was still called scarlet fever, and just so in a few the stomach might escape. Still we should in a large number find evidence of inflammation of the stomach. The paper was chiefly to draw attention to the subject. In reply to Dr. Fox, he said that he had made the sections straight with a double-bladed knife, and examined them by a low power with a parabolic condenser. He had found casts, best in children who had died a few days after the disease began, but in other cases he had not found them, and sometimes he had only found plugs as described by Dr. Fox. These plugs, he had no doubt, were the result of inflammatory action. After a few further remarks the speaker was obliged to conclude abruptly, as the time for reading the remaining papers was very limited, this being the last meeting of the Society.

(To be continued.)

* Dr. Fox begs us to append to his remarks a fact which he omitted to mention to the Society, that he has notes of a case of acute inflammatory diarrhœa, which came under his observation some years ago, and of which he has preserved drawings of casts of the crypts of Lieberkühn, found in the intestinal mucus.

OBITUARY.

JAMES BIRD, M.D., F.R.C.P., F.R.C.S.

We regret to have to record the decease of Dr. James Bird, late Physician-General to the Bombay Army, and Lecturer on Military Surgery and Tropical Medicine and Hygiene at St. Mary's Hospital. His death took place on the 10th inst., at the age of sixty-seven. Dr. Bird had long retired from the service, but his mind was by far too active and his zeal too great to allow him to spend in idleness the time of retirement. He was a man of great energy and fine *physique*, and took the warmest interest in all that concerned State medicine and the health of armies. In 1862 he was Lettsomian Lecturer on Public and Private Hygiene at the Medical Society of London, of which he was also vice-president and treasurer, taking an active interest in its affairs. Dr. James Bird was a great authority on military medicine and surgery and military hygiene, and we published in the 'Lancet' of 1855 some important lectures from him on these subjects. He was foreign secretary for India of the Epidemiological Society, and a zealous supporter of that useful body. Dr. Bird was much esteemed as an adviser by the medical and military authorities of the army, and his advice was often taken on matters of imperial importance. His contributions to current literature on his favourite subjects of military medicine and general hygiene were numerous and valuable. He leaves many friends, who admired his character and respected his powers of mind.—'Lancet.'

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 20th inst, the following gentlemen, previously Members of the College, were admitted Fellows of the same:—George Harley, M.D., Harley street; James Edward Pollock, M.D., Upper Brook street; William Overend Priestley, M.D., Hertford street, Mayfair; William Wood, M.D., Upper Harley street.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—Leo Charles Da Silva, Burntwood, Wandsworth; John Lewis Jones, Carnarvon; John Wickliffe Jones, Assist.-Surg. R.N.; William Skinner, Sheffield; Thomas Haywood Smith, Alcester.

The following gentlemen were reported by the Examiners to have passed the first part of the professional examina-

tion for the Licence:—Francis Bateman, St. Bartholomew's; Stephen W. Bushell, Guy's; Henry Clothier, University College; Thomas Cole, St. Bartholomew's; Henry Cribb, Bishops Stortford; Henry Denne, Guy's; William S. Eccles, St. Bartholomew's; John S. Ferris, King's College; John Gill, Guy's; George W. Malin, Sydenham College, Birmingham; Robert Robinson, St. Bartholomew's; George A. Rogers, Commercial place, Commercial road; Henry Rundle, St. Bartholomew's; Reginald P. Simpson, Gower street; Francis M. B. Sims, Sackville street; Wm. Skinner, Ampton place, Gray's inn road; William A. P. Stuart, University College; John Stuckey, University College; Theodore T. Taylor, St. Mary's; John B. Welch, King's College; James A. White, Salford; Edward F. Willoughby, University College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 19th inst., and when eligible will be admitted to the pass-examination:—W. A. Creaser, Hull; W. B. Dawson, London Hospital; G. N. Dunn, Dublin; J. M. Gibbes, St. George's Hospital; Richard Jeffreys, Sheffield; James Kelly, Dublin; Thomas Laffan, Dublin; R. R. S. C. C. Lloyd, Guy's Hospital; F. W. Lowndes, Edinburgh; W. G. Martin, Manchester; W. J. Mountain, Leeds; Alderson Newsam, Guy's Hospital; W. H. Pywell, Guy's Hospital; J. H. Quinn, Dublin; J. D. Rowlands, Guy's Hospital; W. B. Swann, Leeds; T. A. Turner, Charing cross Hospital; James Wickham, Middlesex Hospital.

The following gentlemen also passed their primary examinations on the 20th inst.:—J. W. D. Bain, Westminster Hospital; Merry Clarke, Edinburgh; Petros Constantinides, Canada West; J. E. Coxwell, University College; Francis Derbyshire, Manchester; J. S. V. Fifield, King's College; J. M. Fraser, Canada West; Eustace Greenaway, London Hospital; F. R. Haward, St. Bartholomew's; S. S. M'Millan, University College; W. J. Marsh, Guy's; Campbell Orme, St. Bartholomew's; T. H. Redwood, St. Bartholomew's; William Roberts, Manchester; S. H. Smith, King's College; R. B. Wall, St. Mary's; J. M. Whitwell, University College.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 14th inst.:—John Frederick Foster, Old Court, Guernsey; Henry William Freeman, Bideford, Devon; Henry Hope, St. Bartholomew's; Albert Comberbach Reade, St. Bartholomew's; Duncan Francis Sinclair, Halstead, Essex.

As an Assistant:—Walter Alfred Marsh, New Kent road.

PRESENTATION.—On Thursday evening, the committee of the Cottage Hospital presented Dr. Wyllie with a testimonial, in recognition of his gratuitous services in connection with the hospital during the first six months of its existence. In the absence of the mayor, the presentation was made by Mr. Crapper, who, in very eulogistic terms, referred to the very valuable services rendered by Dr. Wyllie, and the success which had attended his operations, and which was a proof of the doctor's skill and ability. Several other members of the committee spoke in complimentary terms of the manner in which the doctor had managed the surgical department of the hospital. The Doctor, in feeling and appropriate terms, acknowledged the gift, which, he assured them, he would ever cherish with feelings of gratitude, and which would serve as a stimulus to renewed efforts in rendering the hospital as useful as possible. He felt it his duty to acknowledge the assistance he had received from the other medical men in the town, to whom he was much indebted for the readiness with which they had aided him on all occasions. He advised the committee to set about raising a building fund, as the erection of an hospital would not only secure the sympathy and support of the public, but would materially facilitate the efforts of the surgeons and the recovery of the patients. The testimonial, which was raised by voluntary contributions among the members of the committee, consisted of a number of very valuable medical works.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 27.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JULY 28.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 29.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 30.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, AUGUST 1.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUGUST 2.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Expeditious Writing: Two New Systems. Stenography. By W. Hall, F.R.C.S. London: J. Stevenson, Paternoster row, E.C.

Prize Poems.

The Treatment of Consumption. By M. Corner, M.D. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

DR. J. MOORHEAD, *Weymouth*.—The communication is inserted.

DR. ROBERT FOWLER.—The list has been received.

D. G. H.—The letter is inserted.

DR. R. SISSON'S letter is published.

From Lower Norwood.—5s. worth of postage-stamps have been received for the distressed family of the late Mr. Edgar Bull, and 2s. 6d. worth for the Griffin Testimonial. These stamps have been sent to the recipients of the respective funds.

MR. J. Z. LAURENCE'S paper will appear next week.

THE Return of Births and Deaths in the City of Dublin has been received.

To the Editor of the Medical Circular.

SIR,—Professional men and others are cautioned against a limping farmer-like man, dressed in a black coat, drab vest and trousers, charged with purloining from my consulting-room a stout silver-mounted cane, knotted one inch apart; much valued because of its being a present. Notice has been given at the Police-office, Scotland yard.

I am, &c., J. K.

July 17, 1864.

DR. B.—We understand that the *Cocculus Indicus* was introduced into the British Pharmacopœia by the influence of a distinguished Scotch Professor, the drug having been previously admitted into the Edinburgh Pharmacopœia.

INQUIRER.—The institution in question is not supported by the money received for diplomas, but the examiners are paid in proportion to the number of candidates who are passed; which we have already denounced as a most unwise arrangement.

MR. R. B.—We have not yet received the information which we anticipated in reference to the probable success of the plan proposed. Without such information we are unable to move in the matter.

A POOR-LAW GUARDIAN.—The licence in question does not confer any right to assume the title of Doctor. It is received by the Poor-law Board as equivalent to a single qualification.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 17.)

Disease of the Right Side of the Heart.—It may be stated in general terms, that valvular disease of the heart is far more common on the left side than on the right; and, therefore, when there is any peculiar difficulty in the diagnosis, the chances are that the left side is affected. The reason why the left side is the most liable to disease may be easily explained by reference to the greater amount of work performed by the left ventricle in comparison with the right, the first propelling the blood to the whole system, and the second sending it only to the lungs. Nevertheless, the right side of the heart *is* sometimes affected; and, although the diagnosis by auscultation is difficult, yet there are collateral circumstances connected with the pulse and the venous circulation, in addition to the stethoscopic signs, which tend to throw light upon the real nature of the case.

When the mitral valves are affected, the murmur is heard over the apex of the heart, and on the left of the sternum; but although the tricuspid valves may be diseased, so as to permit regurgitation (which is not infrequent) this circumstance may be unaccompanied by any morbid sound, or at any rate it may escape detection. No positive rule can, therefore, be laid down for the diagnosis of tricuspid from mitral regurgitation; but when a murmur is heard both at the left side of the apex of the heart, and also at the epigastric region, it may be assumed that both the auriculo-ventricular valves are diseased. When the aortic valves are diseased, there is, as has before been noticed, a murmur over the base of the heart, either single, indicating obstruction, or double, indicating obstruction with insufficiency of those valves; but when the semilunar pulmonary valves are affected (which is not common) the murmur will be propagated along the third costal cartilage of the left side. It is right to mention that Dr. W. T. Gairdner considers that tricuspid regurgitant murmurs are not rare; their seat, when they are heard, is immediately over the ensiform cartilage.

But the examination of the veins of the neck affords valuable information in disease of the valves on the right side of the heart. As the right receives the blood from all parts of the body through the venæ cavæ, it is evident that when the tricuspid valves are obstructed or insufficient the blood will be thrown back upon, and accumulate in the veins which supply the venæ cavæ; and hence, the latter will become turgid and congested. The veins coming from the upper extremities and the trunk cannot of course be seen, but those in the neck are visible; and accordingly it is found that the jugular veins are either simply swollen, or become the seat of actual pulsation, when any cause exists which retards the course of the blood in the right cavities, and especially in contraction or insufficiency of the tricuspid valves.

It may be repeated, however, that the left side of the heart is very much more frequently diseased than the right. The most common murmur is that which is heard synchronously with the contraction of the ventricles, and if it is heard simultaneously over the base and the apex of the heart, it indicates both obstructive disease of the aortic valves, and insufficiency of the mitral valves; and this is a very common, and, indeed, the most common, complication. When a double murmur is heard over the base of the heart, it indicates the existence of obstruction to the passage of the blood, together with regurgitation through the aortic valves; but a diastolic murmur over the apex of the heart is a rare occurrence, even although the conditions for producing it may be present—namely, obstructions of the mitral valves.

(To be continued.)

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,

Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 34.)

The Causes, Diagnosis, and Treatment.

Partial Separation of the Placenta morbidly Adherent.—I shall not enter into the pathology of morbid adhesion of the placenta, as in our present state of knowledge it is not of any practical importance so far as the treatment is concerned. If we were able during pregnancy to ascertain the existence of disease of the placenta, we might perhaps, by appropriate treatment, prevent it from going on to morbid adhesion. Abdominal pain and constitutional disturbance are the symptoms which are said to accompany inflammation of the placenta, but they are not pathognomic of that affection, as they are so often present during the latter months of pregnancy from causes quite unconnected with the placenta. Most practitioners must have observed that women not infrequently suffer from pain during gestation in the uterine and lumbar regions with the pulse quickened, and yet after delivery the placenta comes away easily, and appears perfectly healthy. Sometimes, also, disease of the placenta occurs so insidiously, that it does not give rise to any symptoms.

Diagnosis.—The uterus externally is felt large, and alternately *hard* and soft. The patient complains every now and then of "pinching pains" in the lower part of the abdomen. On making an internal examination, the insertion of the cord cannot usually be reached, showing that notwithstanding the contractions of the uterus, the placenta is still attached. If we draw upon the cord firmly, the patient complains of pain, and on letting it go it is felt to recede. During uterine contraction, the interior of the cervix just within the os uteri will be felt hard, like gristle. The amount of hæmorrhage depends chiefly upon the extent of the adhesion. Should the discharge be slight, we may be pretty sure that nearly the entire placenta is adherent. It depends partly also on the amount of uterine contraction. The hæmorrhage is most profuse when there is inertia of the uterus, as well as partial morbid adhesion of the placenta.

Treatment.—It is very similar to that of hæmorrhage arising from partial separation of the healthy placenta. When the hæmorrhage occurs within a few minutes after delivery, we cannot be certain that the placenta is *morbidly* adherent; because in that short time uterine contraction will either not have commenced, or only occurred once or twice. We should therefore, in such cases, first try strong pressure. If, on the other hand, flooding does not come on until several strong contractions of the uterus have taken place without the afterbirth becoming totally detached, the treatment may be commenced by introduction of the hand, and removal of the placenta. This is one instance in which ergot not only does no good, but does harm. It increases the difficulty of the operation, by making the uterus contract firmly upon the placenta, and it tends sometimes to complicate the case by setting up irregular or hour-glass contraction. When the placenta is morbidly adherent, it is not so easy to detach as when it is healthy. The side to side movement of the fingers does not generally answer; it must be effected by flexing and extending the fingers. If possible, the whole of the placenta should be peeled off *in one piece*; because, on its removal, we can tell with a considerable degree of certainty whether we have taken away the whole of it or not. In some rare cases, the placenta

has to be removed in pieces, and then we can never be quite certain that we have not left a piece behind.

Illustrative Cases.

I.—In the following instance there was suspension of the action of the uterus, as well as adherent placenta:—Mrs. B., æt. twenty-one, primipara, had a very lingering labour. A short time after the delivery of the infant, I found the pulse very rapid and weak. On passing my hand under the clothes to make a vaginal examination, I came in contact with a large mass of clots, lying in the bed. The root of the placenta could not be felt. I compressed the uterus with the hand, but no good was derived. The blood poured away so fast, that in a few minutes I could hardly feel the pulse. I ordered the mother of the patient to administer brandy freely, while I removed the placenta with the hand. About two-thirds of it was attached and strongly adherent. Afterwards, the uterus was kept under command by the hand for a time as a precaution, and no further loss occurred. The patient was very feverish for a few days, but ultimately did well. I may state, as worthy of note, that during the labour, the mother of the patient expressed a hope that her daughter would not flood after labour, as she always did after her confinements. She said she had nearly lost her life after each delivery from flooding, and, in each instance, it was only arrested by detaching the placenta with the hand. I know that some practitioners believe in the hereditary predisposition to hæmorrhage; but the above instance looks very like as if there might also be a hereditary tendency to disease of the placenta. It would be interesting to know the subsequent obstetric history of this patient.

II.—Mrs. T., æt. thirty-five, mother of eight children The placenta was adherent in four of her previous confinements. For the last six months of the present pregnancy, she has felt a constant pain in the right iliac region. She was attended in her labour by one of the students of the Queen's Hospital. He says that the labour was quite natural, and after delivery uterine contractions set in to detach the placenta. Severe hæmorrhage soon commenced. On examination, the insertion of the cord could not be felt. Applied pressure and cold and gave brandy. In half an hour, that gentleman succeeded in arresting the hæmorrhage, and having waited ten minutes more, sent for me, as the placenta had not come away. One of the rules framed for the guidance of the midwifery pupils of the Queen's Hospital was, that if the placenta did not come away in forty minutes, the student was to send for the surgeon-accoucheur of the district. The rule is not now in existence; it was very unsafe. In this case, the student ought to have sent for me before; he waited, however, forty minutes, according to rule. When I arrived, the child had been born one hour and ten minutes. Fortunately, there had not been any flooding for some time, but she was in a great state of prostration from what she had lost. On an internal examination, I could not feel the insertion of the cord. I then introduced my hand and removed the placenta. The greater portion was adherent. Although there was no further hæmorrhage, she was in a very feeble and dangerous state for three days, and her recovery was slow, but complete.

Irregular Contraction. Hour-glass Contraction.—I have alluded to one form of irregular contraction which sets up hæmorrhage by separating a portion of the placenta. In this variety, only a small part of the uterus is contracting, while the rest is in a state of inertia. Besides this simple form of irregular contraction, we have others in which the circular fibres of the uterus are chiefly implicated. The os uteri sometimes contracts rapidly after labour, and prevents the detached placenta from being expelled or withdrawn by traction. When flooding occurs in such cases, it is on account of the presence of the placenta not allowing the uterus to contract to its minimum. In other instances, the circular fibres of the uterus, at any point above the os uteri, and below the fundus, contract so as to divide the cavity into two compartments. The hæmorrhage, in hour-glass contraction, depends very much upon the position of the circular constriction. If the placenta is situated at the fundus, the nearer the contraction is to that spot the less will be the hæmorrhage; and the nearer it is to the os uteri, the more profuse will be the flooding. When the constriction is very high up, it cuts off all the supply of blood from below, and it renders the upper compartment so small, that blood cannot escape, on account of the placenta filling it up, and acting as an efficient plug to the uterine sinuses. When the hour-glass contraction is situated near the os uteri, the blood from the spermatic and uterine arteries flows on to the sinuses unobstructed, into the large upper cavity.

Hour-glass contraction is generally attributed to the effect of ergot, or premature traction of the cord. I believe, in the majority of cases, its primary cause is morbid adhesion of the placenta, and that neither ergot nor traction on the funis will produce it, unless that condition of the placenta also exists. The uterus contracts to detach the placenta, and failing to do so, spasm or cramp of a certain layer of muscular fibres is excited. Ergot and traction of the cord would both stimulate the uterus to contract more forcibly upon the adherent placenta, and in that way would be more likely to induce the spasm.

Diagnosis.—If the hæmorrhage is due to simple retention of the placenta by contraction of the os, it will be ascertained on making an internal examination. The os will be found contracted, the cervix hard, and the insertion of the cord felt through the os. Moderate traction on the cord will fail to draw the placenta through. The uterus externally feels moderately contracted. The diagnosis of hour-glass contraction, until the hand is passed into the uterus, is very unsatisfactory. Some say that the constriction can be felt through the abdominal walls, while others hold the reverse opinion. It does not matter much, because the hæmorrhage is not caused by the hour-glass contraction, but is due to the partial separation of the adherent placenta. The treatment of the case is to get away the placenta. We pass our hands into the uterus with that object, and then we find the additional complication.

Treatment.—When the os is contracted, it must be dilated gently by the fingers, and the uterus emptied of its contents. I have a few times treated these cases by applying strong traction on the cord, at the same time getting the nurse to press on the uterus externally. The os has gradually yielded and allowed the placenta to pass through. I think the first plan is safer, because we cannot be quite sure that a portion of it is not still attached; and also, from the force required in pulling the placenta through, there is danger of breaking off the cord.

In hour-glass contraction, the hand must be insinuated in the same way through the constriction, and the placenta separated by the fingers. No one can have an idea of the difficulty there is in passing the hand through an hour-glass contraction until they have tried it. The more you try to dilate it, the more it seems to contract. The administration of chloroform very much facilitates the operation. If, after steady perseverance for some time, the contraction will not allow the whole hand to pass, the placenta must be picked away in pieces by as many fingers as can be passed through.

ORIGIN AND NATURE OF SYPHILIS.

By Dr. Sisson.

(Continued from page 52.)

Mr. Carmichael says: "The eruption is usually ushered in by considerable fever, pains in the different joints, and frequently with dyspnœa and pain in the chest—symptoms which often demand the repeated use of the lancet."—('Venereal Diseases.')

Swediaur writes: "I remark, that every author who wrote when the venereal disease first appeared has called it pestilence or pestilential disease."—('Syphilitic Diseases,' vol. i.)

Dr. Copland and other writers have described several epidemic outbreaks of syphilis, commencing with that of 1494, which has been always mentioned as such; and when we remember that in less than two years the disorder had

spread over France, Scotland, Germany, and Hungary, we are incapable of designating it by any other name.

We know, moreover, that syphilis will get well under a variety of treatments, and may do so under no treatment at all. Besides, Astruc was in error in supposing that the "epidemics" treated of epidemic diseases alone, and that those to which no treatment was appended got well spontaneously.

Dr. Adams, the learned translator of Hippocrates, says: "The Books of Epidemics can be viewed in no other light than as an adversaria or memorandum-book of isolated facts and detached observations, in which the lineaments of a particular disease are seldom to be recognised, and in which there is a general omission of any mention of treatment."

I wish to throw no contempt on those who were wise in a bygone generation, but if we wish to be considered wise in our own—and it is true, as stated by Dr. Laycock ('Medical Observations and Research'), that, "in knowledge, a junior medical student of the present day is far superior to a Hippocrates or a Sydenham"—we ought to think and judge for ourselves, and not lean too much upon the authority of those who had few of the advantages which we possess.

Spontaneous Origin of Syphilis.—In the opinion of Mr. Holmes Coote, the syphilitic poison is mainly produced by filth and excess, or, in other words, by filth and promiscuous intercourse. This idea is by no means new, for Astruc alludes to those who, as he expresses it, "objiciunt luem veneream sponte oriri ex venere vulgivagâ;" and he laconically replies, "Luem veneream nunquam observatam fuisse ante annum 1494"—a most palpable *petitio principii*, since this was one of the very points at issue, and was not admissible as a valid argument against the other.

Mr. De Meric objects in these words: "This inquiry may, however, appear idle to some practitioners, as we have it stated in certain books that the poison of syphilis may be generated spontaneously. It has also been maintained that frequent promiscuous intercourse, coupled with uncleanly habits, may cause the development of syphilitic ulcerations. If notions of this kind were to gain ground, investigations respecting the intimate nature of the virus—its unicity, duality, or plurality—might well be given up; for spontaneous generation, problematical as it is in natural science, is completely incompatible with the conception we form of a virus or morbid poison:" and he goes on to say, "Nay, we concede a special virus for scarlet fever, influenza, rubeola, and typhus, although we are aware that it must be volatile and unamenable to the senses by any vehicle; so we may, *à fortiori*, look upon the syphilitic virus as having a *bonâ fide* existence."

That the poison of syphilis has a *bonâ fide* existence, when once generated, is no doubt true; but this in no way militates against the arguments in favour of its spontaneous origin. In his essay "On the Zymotic Diseases, Registrar-General's Report on Cholera, 1848-9," Dr. Farr states of syphilis, amongst other diseases: "It must be admitted, with respect to all the forms of these diseases, that the body, in the cycle of external circumstances through which it passes, may run into them spontaneously; for it is impossible to trace them invariably to infectious sources: it is not, *à priori*, more improbable that they, than other diseases, should arise spontaneously, and it is impossible to account for their existence in the world upon any other principle than that of spontaneous origin."

In 'Transactions Epidemiological Society, Sanitary Review,' No. IV., Dr. Riecke states: "All contagia, under certain circumstances, have a primary origin; and even syphilis may be primarily produced. This is a fundamental principle."

Dr. Barker writes: "Nor does the fact of a disease being communicable from one person to another in any way show that the first instance of that disease was not from some external cause—a cause which may possibly have died out, but which, with equal reason, may be supposed as still extant."—('Fothergillian Prize Essay,' 1863.)

The late Dr. Alison, of Edinburgh, believed in the spontaneous origin of scarlet fever and varicella.—('Practice of Medicine.')

Dr. Wood, Professor of the Theory and Practice of Medicine in the University of Pennsylvania, believes that all contagious diseases may arise spontaneously, and brings forward cases of variola, of which he remarks, "It would be difficult to admit the possibility of a contagious cause."—('Practice of Medicine.')

Dr. Tweedie says of typhus: "For example, the possibility of typhus being engendered by overcrowding in infirmaries for the sick, prisons, workhouses, transport ships, and dwellings of the poor, is a fact so well established, that no one in the present day attempts to dispute the statement. We have only to examine the records of epidemic visitations to be satisfied of the truth of this axiom; and under whatever circumstances the disease may have arisen, its propagation by contagion explains its often rapid extension, *a twofold cause being in operation.*"

Dr. Barlow says: "Relapsing fever certainly has much the appearance of a disease originating from marsh poison, the history of which seems to suggest the belief that it is generated by filth and starvation, but that it is capable of reproduction by contagion."

Of erysipelas Dr. Todd writes: "A patient who has received an injury may generate the poison of erysipelas in his own person by exposure to certain deleterious influences; or he may, under similar circumstances, generate this poison in his own body, even when he has not received any wound."—('Med. Gazette,' 1850, vol. xi., N. S.)

Perhaps there is no disease, with the exception of syphilis, the spontaneous origin of which has been so universally denied as measles; yet it would be difficult to account in any other way for the following cases, reported by Dr. Noble, of Manchester, in 'Med. Gazette, 1850, vol. xi. N. S.:—

"Mrs. E. gave birth to her first child on 25th July, 1847, attended by a friend on my account, during my absence from home. I saw both mother and child on my return in a few days, and they seemed doing well. Having taken my leave of the patient in about ten days from her labour, I was summoned to see the infant in three or four days afterwards, and found it covered with measles, attended by fever, and having been preceded by the ordinary premonitory symptoms of coryza and cough. The symptoms declined in the usual way, and in about a week the child was well. I neither saw nor could hear of any other case from which it could have been taken. The mother, intending a probable explanation of the phenomenon, stated that according to the statements of her mother, she and a twin sister had measles also when a fortnight old.

"On the 12th June, 1849, Mrs. E. gave birth to a second child. She did well, and I ceased to visit her at the expiration of about a week.

"On being summoned to attend another member of the family some months afterwards, I was informed that the second child had had measles at the same period after birth, and exactly under the same circumstances as in the former instance. All the inquiries I could make led to a conviction upon my part of the accuracy of the statements that were made. It had not been considered necessary to call in medical aid.

"During the present year Mrs. E. again became pregnant, and I was once more engaged to attend her. She was confined on the 31st ult., under circumstances quite favourable. I was naturally curious to know what would happen with the child when ten or twelve days old, and continued my own personal observation. Measles again became developed accompanied and preceded by slight fever, with mucous irritation of the air-passages. The case was this time but slight, yet it was unequivocal. The infant is now well again. Measles do not prevail in the neighbourhood; nor am I aware of any case from which the contagion could have been received."

The spontaneous origin of similar diseases amongst animals has also been denied, upon, I think, no stronger evidence; but with such avidity are sources of contagion sought for, that they are always found. Nevertheless, Dr. Copland says: "From the facts adduced by Mr. Coleman, Dr. Ashburner, and Elliotson, it evidently appears that glanders in horses may be generated anew when several of

them are shut up together in a confined atmosphere, as often happens on board transports."—('Med. Dict.')

Now, syphilis has been considered glanders in the human subject; and it is exceedingly difficult sometimes for even the most experienced to distinguish one disease from the other, as the following case extracted from Dr. Atlee's notes will show:—"March 1st, 1854.—A patient with double lachrymal fistula entered M. Nélaton's Clinique. This gentleman, after examination, was tempted to ascribe the affection to syphilis. There were ulcers on the palate. On taking his history, it was found that the young man had been caring some horses, and one of them was sick and concealed from the police. The patient became gradually but slowly worse. Nélaton said the case was one of chronic glanders."—('Drysdale on Syphilis.')

In a leading article, 'Med. Times and Gazette,' 1863, it is stated of rabies canina: "Though the disease *may undoubtedly arise spontaneously*, in the vast majority of cases, it is due to the introduction of a specific virus into the system;" and Renault states that the spontaneous origin of rabies is extremely rare" ('Lancet,' 1863), inferring therefore that it does occur.

(To be continued.)

BRIEF NOTES ON MR. J. Z. LAURENCE'S PRACTICE AT THE SURREY OPHTHALMIC HOSPITAL DURING THE PAST YEAR.

By ROBERT C. MOON, House-Surgeon to the Hospital.

DISEASES OF THE CONJUNCTIVA.

These formed by far the great majority of cases treated during the year. The treatment generally adopted, and found to be most successful, was the application of a solution of nitrate of silver (varying in strength from 4 to 30 grains to the ounce, according to the intensity of the inflammation) to the everted eyelids. After a few seconds the solution was washed off with water, so as to prevent any unnecessary and injurious subseqent irritation to the cornea.

Conjunctivitis granulosa has been treated in various ways. Free scarification of the granulations has given immediate relief to the pain, and in a few cases where it was frequently repeated a permanent cure has resulted. The application of the solid nitrate of silver, or the sulphate of copper, to the granular conjunctiva has been in many cases successful. The application of the liquor potassæ to the everted lids has in other instances yielded most satisfactory results. In one inveterate and long-standing case, which had resisted all the above remedies, the granulations were speedily destroyed by touching them with the potassa fusa. The application was followed for some days by acute pain and suppuration, which had subsided by the tenth day, when it was found, on everting the upper lid, that it presented a pale, non-granular surface; only a few vascular granulations remaining at the edge of the palpebral sinus, where probably the potassa fusa did not reach. These granulations, however, afterwards disappeared by touching them with a weak solution of nitrate of silver. This patient was seen about six months after his dismissal from the hospital; his eyelids were then perfectly sound. In all the cases of conjunctivitis granulosa the cornea was more or less affected, excepting two in which the cornea was perfectly clear. One case of *melanotic tumour of the conjunctiva* has been treated during the past year, which deserves a few remarks.

E. H., æt. fifty-two, presented herself with a pyramidally-shaped growth, measuring 4‴ from above downwards, and about the same across at its base, which was attached to the cornea at its lower and outer quadrant, and also to the adjacent scleral conjunctiva, the apex of the tumour being free, and protruding from between the closed eyelids. The growth was soft, somewhat lobed, and of a deep slate colour. For upwards of twenty years there had been a minute brownish spot in the situation of the tumour, but it had only grown large during the last six months. To its inner side were a few enlarged subconjunctival veins leading to the tumour, as well as a large scleral discoloration.

On Jan. 19, 1863, Mr. Laurence removed the tumour with scissors, and on microscopical examination it presented all the appearances of a cancerous growth. When the patient was last seen after an interval of fourteen months, it was found that no return of the growth had supervened, and the eye was in a perfectly healthy condition, merely a small cicatrix at the cornea and adjacent conjunctiva indicating the former attachment of the tumour. An almost identical case is reported by Dr. Steffan, in Zehender's 'Monatsblätter,' ii., p. 81.

Entropion has been treated in three different ways:—1st. By removing simply a small portion of the skin and muscle of the lid parallel to its ciliary margin, and uniting the cut edges by sutures. 2nd. By excising a strip of the cartilage, uniting the margins of the groove thus left, and then bringing together the edges of the integument with silver wire or silk sutures. The third method consists in passing two or three threads, at about the distance of 3‴ from one another, through the skin and muscle of the lid from above downwards, taking care that the counter-puncturation with the ligature needle is made a little above the ciliary margin. The two ends of each ligature are then tied tightly on the outer surface of the lid, and after three or four days the ligatures are removed. This plan has yielded very satisfactory and permanent results, so far as it has been tried at this hospital. In no instance has the operation been followed with suppuration, as is stated to be the case with the method proposed by Dr. Pagenstecher. The following case shows that it is not necessary, as in Dr. Pagenstecher's operation, to include the border of the lid in the ligature, so that the subsequent irregularity and distortion of the edge of the lid are avoided.

CASE.—Thomas C., æt. sixty-four, came with complete ptosis of the right upper lid, and entropion of the lower. There had been partial ptosis of both upper lids for fifty years, from a blow with a cricket-stump, causing a fracture of the right parietal bone (concussion, meningitis, &c.) During the last six months the ptosis of the right upper lid had become complete. Mr. Laurence treated both lids of the right eye in the manner described above. The ligatures were removed in a week, by which time the eyelashes had resumed their normal position, the entropion of the lower lid being completely cured. On looking straight before him, the maximum separation of the right lid was about an eighth of an inch, that of the lids of the left eye being a quarter of an inch. Twice subsequently the operation on the right upper lid was repeated, which has enabled him to open the eyelids to the extent of 4‴, so that the lower margin of the upper lid corresponds exactly with the upper margin of the pupil. No suppuration followed either of the operations.

DISEASES OF THE CORNEA.

Affections of this structure form a very large proportion of the diseases which have been treated at this hospital. Most of the patients suffering from corneitis have been in a debilitated condition, and in the majority of cases a tonic plan of treatment has been found necessary. Warm applications have proved of decided use in many severe cases of corneal inflammation, either with or without ulceration. Where ulceration has occurred, especial benefit has been remarked from the application of a cotton wool compress bandage (Druckverband), the object being, as in the case of ulcers in any other part of the body, to keep the eye in a state of perfect rest, by which means the most favourable conditions are presented for the natural repair of the loss of surface. In a few cases great relief was obtained from the local abstraction of blood, and the application of blisters behind the ears. A case of *Congenital Double Corneitis* has been seen during the last year, of which a report is published in the July number of the 'Ophthalmic Review.'

Our attention has been directed much of late to the marked decrease in the sensibility of the cornea when that structure has from any cause become opaque.

Cataract Operations.

In addition to the ordinary method of extraction, the plan of excising a portion of the iris, previous to the extraction of the lens, as proposed by Dr. Mooren, has also been practised in three cases of cataract. An interval of about a month was allowed between performing the iridectomy and extracting the cataract; and although each of these three cases presented difficulties of an unusual kind, they all recovered without any subsequent inflammation, and with sufficient sight to be able, by the aid of proper glasses, to read tolerably small type.

Case 1.—J. L., ætat. sixty-four. *Right Eye:* Operated on at another hospital for cataract thirteen months ago. *Left Eye:* Fully formed senile cataract; good perception of light; iridectomy downwards; after which there was hardly any irritation. In about a month afterwards, Mr. Laurence extracted by the downward section. After the section of the cornea, owing to some spasm of the lids, a quantity of vitreous escaped, along with the still encapsuled lens. The eyelids were at once closed, and a cotton wool compress-bandage was applied. The case ultimately made an excellent recovery.

Case 2.—J. M., æt. sixty-nine; sight has been failing him for about a year. *Right Eye:* Mature senile cataract; good perception of light; tension normal. *Left Eye:* Incipient cataract; can only read No. xxx. (Snellen) at about a foot. Iridectomy downwards in right eye; extraction a month later. In this case the cataract knife was withdrawn before the section of the cornea was quite completed, so that a narrow bridge was left at its lower margin which was divided with scissors after the capsule had been opened; perfect healing. After freely dividing a few capsular bands which occupied the area of the pupils, he was able with 2½ to read No. 8 and almost No. 6.

Case 3.—S. B., æt. seventy-three. The sight of right eye has been failing for six months; that of left for nine months. *Left Eye:* Has good perception of light. *Right Eye:* Reads No. 18 quite close to eye; cataract of both eyes, more advanced in left; large iridectomy in left eye; extraction a month later. In making the flap some difficulty was experienced in consequence of the patient spasmodically closing the lids, and the incision was enlarged with a keratome. The cortical portion of the lens being soft prevented its complete removal, notwithstanding which the patient recovered excellent vision, being able to read a very small type with an appropriate glass.

A large number of soft cataracts have within the last few years been operated upon at this hospital with the needle, the majority of which have terminated successfully; but in a few instances it was subsequently found necessary to extract the cataract completely by the linear method, in consequence of some particles of the opaque lens matter finding their way into the anterior chamber, and there setting up serious irritation. These cases have, in some instances, been followed by acute iritis, and even by complete blindness. Having experienced the great danger to which the ordinary method of operating was liable, when the lens was too freely divided, Mr. Laurence was induced to try the plan of dividing it *sub-capsularly*. After fully dilating the pupil with atropine, he introduced the needle through the sclera on a plane parallel with the iris, then punctured the capsule, and passed the needle on in the direction of the centre of the lens, when he freely divided the lens-substance in every direction, taking care that no second puncture was made in the capsule, in order to prevent the possibility of any flocculi passing into the anterior chamber. No swelling of the lens, or passage of any particle of its substance into the anterior chamber, followed this method. As yet we have not had a sufficient number of cases to furnish statistics on the value of this sub-capsular operation; but its intention is to combine a more speedy absorption of the cataractous lens than is attainable by frequently-repeated divisions with the needle, and to avoid multiplications of the operation; the risks involved in a free division of the lens and capsule together being at the same time avoided.

During the past year, we have had three cases of *Paralysis of Accommodation*. These, with two others which have been admitted since, are fully reported in the 'Ophthalmic Review' for April, 1864. Two of the cases seen during 1863 were from traumatic causes: the one resulting from a blow on the eye with a lemonade cork, and the other from a piece of putty striking the eye with great force. Each of the patients to whom these accidents happened had been previously hypermetropic, but until the time of the injury they had been able to correct this defect by a voluntary effort of the accommodation. In three of the reported cases, the iris, as well as the ciliary muscle, was completely paralysed; in the fourth case, it was only partially so; and in the fifth, the pupil was contracted, and the iris acted with the greatest activity. For further particulars respecting these cases, and a detailed account of the experiments with the Calabar bean, vide the report referred to above.

A case of amaurosis, dependent on effusion into the orbit or cranium, has been reported at length in the Medical Circular for January 13, 1864. The prominent symptoms were:—Complete loss of vision in the affected eye, accompanied with slight protrusion and divergence of the globe, the mobility of the eye being greatly diminished, and the pupil becoming widely dilated when the other eye was covered. She had been subject to periodical attacks of violent pain in the head, with obstinate constipation, for a long time previously, but no abnormal appearance of the fundus oculi could be discovered with the ophthalmoscope. Within three months from the time she came to the hospital, the vision and movements of the globe had become completely restored, under a brisk purgative plan of treatment.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

On Tuesday we paid a visit to this hospital, and saw the following cases:—First, a middle-aged man suffering from scabies, which thickly covered the chest, abdomen, inner sides of the thighs, and the back, but more especially the first two regions. He was an out-patient, and was under the care of Mr. Heath, who, in the presence of the class attending the hospital, took the opportunity of pointing out the rarity of this eruption as occurring upon the face, and the frequency with which it is met upon the front of the body, especially of the abdomen.

The treatment to which the man was submitted was that by external application only, the lime and sulphur lotion being prescribed. The manner in which this remedial agent should be used is very simple:—The patient is made to take a warm bath, and while in it to wash himself thoroughly with the best yellow soap. Petroleum soap is an excellent kind for the purpose. Having well dried the surface of the body, he should then have each scabietic spot mopped with some of this lotion, and the parts so treated should be allowed to become completely dry: the bath and lotion may be used in the evening or at night; the patient should afterwards sleep in a blanket, and on the next day the bath must be repeated, and the entire of the body cleansed; when, if the lotion be properly applied, the disease will, in the majority of cases, be found to be wholly stayed, the acarus having been destroyed.

This is a decided improvement upon the old method of treatment, than which it is far more rapid in its results, being speedily effective. We have tried it ourselves in very many cases, not alone of simple scabies, but where this eruption is present at the same time with syphilitic disease.

The second case, and which also was under the care of Mr. Heath, as an out-patient, was a woman about the middle age, and mother of a family. She was of a spare habit, and had a peculiar delicate and sad expression of face, and also a cachectic appearance, indicative of either an exhaustive and long-standing ailment or of a malignant affection. Her history was: Some time previously she presented herself at the hospital with a tumour of a malignant nature in the right breast. This she was advised to have removed before the ulcerative process should supervene; but she declined to have any surgical procedure put

into practice, and preferred to run the risk of a rapidly fatal termination, to which, indeed, at the time of her receiving advice, the disease seemed to be hastening. In the course of time—about twelve months had elapsed—the integument became broken by the ulcerative process, which, as it continued, tended to the removal of the tumour. There was found at the present examination to be a hard, puckered cicatrix surrounding the nipple, the base of which was involved in the cicatrix, whereas the apex rose prominently from it. The colour of this cicatricial tissue was of a deep red hue, with somewhat of a purplish tinge, which was pathognomonic of the kind of disease and of the patient's condition of health. This was an instance of natural atrophy of a cancerous breast, or rather, to speak more correctly, of a cancerous tumour of the breast.

The daughter of this patient, who was about eleven years of age, had *strumous* enlargement of the glands of the neck. She was also of a very delicate general habit.

CASE III. was likewise an extern patient, under the care of Mr. Heath; it was a child aged fifteen months, and the offspring of a delicate mother, who, to save herself expense, had continued to nurse the patient up to the present time. There was great general debility, evidently because lactation had been persevered in for too long a time; and the mother's milk had become so deteriorated in quality, so altered in its nutritious properties, as to have been, no doubt for some time past, not only insufficient for nutrition, but positively injurious. As a consequence of this malfeeding, struma had been engendered and the child injured in health, perhaps permanently. The entire glandular system was enlarged, and besides this evil, the glands of the right axilla had taken on suppurative action, had burst, and poured out no small quantity of purulent matter.

The mother was enjoined to at once give up nursing, and the child was put upon the syrup of the iodide of iron.

CASE IV. was a nævus, which had been tied by Mr. Heath, the ligature being allowed to remain constricting it for not longer than twenty-four hours. The patient was only five months old, and not of a very strong habit, but yet no unfavourable symptom had set in after the operation; the nævus, which had originally covered an area of about the size of a shilling, or even a somewhat larger surface, was now very much diminished, and was gradually contracting itself as the ulcerated and sloughy spots had taken on a healthy and healing action. Mr. Heath thought that a more rapid and effectual destruction of the nævoid tissues might be obtained by leaving the ligature constricting them for forty-eight hours, instead of the twenty-four, which latter time had elapsed between the application and removal of the ligature, in the present instance.

The nævus was situated on the top of the head, and seemed to have engaged deeply the structures composing the scalp; it lay somewhat in front of the posterior fontanelle.

CASE V.—A little boy, aged about ten, of delicate strumous habit, and with the features so characteristic of that peculiar diathesis, presented himself as a patient from abscess of the right tonsil. Having swathed a sharp-pointed bistoury halfway up its blade, when the boy's head was thrown well back, the mouth opened as widely as it would admit, and a good light made to bear upon the part about to be operated on, Mr. Heath made an incision into the tonsil—at its upper part, that is, where it joins the velum and arches of the palate—and gave exit to the purulent matter collected in it. He pointed out to his class the impropriety of plunging the knife into the tonsil, or of directing the instrument outwards, or outwards and backwards, or of burying it too deeply in the tonsil; and he at the same time took opportunity to dwell upon the fact that the carotid was not endangered, if the surgeon made his incision at the upper part of the abscess, which was, indeed, some distance from the artery just named.

CASE VI.—A middle-aged woman, with a specific or syphilitic ulcer in the popliteal space. There had been considerable hardness and a brawny condition of the entire limb for some distance around the ulcer which itself presented an appearance as though a circular piece of the soft tissues of the ham had been gouged or scooped out. The staining of the margins of this ulcer and of the integument around it, or rather, the alteration in its natural colour, was of that nature which at once showed the true character of the ulcer and of the taint with which the system was contaminated.

The treatment was that by the internal use of bark and nitric acid, at the same time that there was applied to the ulcer itself the lotio flava, which Mr. Heath prefers, in such cases as the present, to the lotio nigra. The strength of the yellow wash was gr. j. of the corrosive sublimate to ʒj. of lime water.

After our visit to the extern patients' department, we adjourned to the operating theatre, and the first case of which we had an opportunity of witnessing the treatment was that of a middle-aged man, of robust build, stout habit of body, and with a short, thick neck: Some time since, this patient had been attacked with disease of the bone of the lower maxilla; as a sequence of this affection abscesses had formed in and about the lower part of the face and in the neck; they had burst, discharged themselves, and had then given rise to unhealthy sores and sinuses. Chloroform being badly borne—it had occasioned great congestion of the veinous system of the neck and face, and consequent empurpling of these regions—was not administered to its full extent.

Having inserted a probe into the sinuses, and having ascertained that there was dead bone at the bottom of them, Mr. Barnard Holt passed into the principal one—the largest and that which led most directly down to the diseased bone—the sharp-pointed bistoury, opened it up, made quite certain of the presence of dead osseous structure, and endeavoured to get away some portions of it.

The object of the present procedure was rather to open up a free channel and aperture of exit, so that Nature might throw off the dead tissues, than to remove them by any of the more severe aids of surgery.

CRITICAL AND ANALYTICAL REMARKS
ON
THE BRITISH PHARMACOPŒIA.
THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XXII.

DIGITALINUM.—The active principle of digitalis is now, for the first time, introduced as an officinal remedy; and although scarcely anyone ventures to prescribe it, and it will probably be omitted in the next Pharmacopœia, we may devote a small space to an account of it. The mode of preparing digitalin is, shortly, as follows:—A spirituous extract of the powdered leaves of digitalis is first made; this is dissolved in water and a little acetic acid, and the solution is partly decolorized by animal charcoal. The acetic acid is now neutralized with ammonia, and thus a solution of acetate of ammonia and digitalin is obtained. From this solution the digitalin is precipitated by means of tannic acid. After washing with water, the precipitate is rubbed with litharge, which combines with the tannic acid and sets the digitalin free. The latter is then taken up with spirit, the solution is treated with animal charcoal, filtered, and evaporated. The residuum is the digitalin, contaminated, according to Walz, with some other neutral bodies allied to it, which are removed by washing with ether, in which digitalin is insoluble.

So obtained, digitalin forms a light and tolerably white porous mass, which separates into scales. The Pharmacopœia says it is inodorous; but all the specimens we have met with have had a faint smell of digitalis: the taste is intensely bitter. The process just described shows that it is readily soluble in spirit, but almost insoluble in water and ether. It dissolves in acids, but does not form with

them neutral compounds. Digitalin is, in fact, a glucoside, which, when boiled with dilute sulphuric acid, splits up into glucose, and a body to which the name *digitaliretin* has been given :—

$$\underbrace{C_{54}\,H_{42}\,O_{30}}_{\text{Digitalin.}} + 4\,HO = \underbrace{2(C_{12}\,H_{12}\,O_{12})}_{\text{Glucose.}} + \underbrace{C_{30}\,H_{22}\,O_{10}}_{\text{Digitaliretin.}}$$

The chemistry of digitalis, however, cannot be considered as settled, since Walz and Kosmann, to whom we owe most of our knowledge concerning it, are not agreed, either as to its composition or decompositions.

Digitalin is a most powerful poison, and considerable attention has been drawn to it by a recent murder in Paris. Some account of the means of detecting it was given in the Medical Circular for July 6, but we may add a few more reactions which are said to be characteristic. Sulphuric acid produces with it a reddish brown colour, which, on exposure to the vapour of bromine, changes to a deep violet. Ammonia gives a rose-red colour which changes to brown. Hydrochloric acid, as mentioned in the Pharmacopœia, produces a green colour.

The dose of digitalin is said to be one-thirtieth of a grain; but it is notorious that the imported samples vary greatly in activity.

Ferri Sulphas.—In noticing the different compounds of iron contained in the British Pharmacopœia, it will be convenient to depart from the alphabetical order there adopted, and we therefore commence with the Sulphate. It will be remembered that the London College gave a process for Sulphate of Iron, which consisted in purifying green vitriol or the sulphate of iron of commerce. This method has been discarded, and a process is now given for preparing the salt directly from the metal. The only form of metallic iron contained in Appendix A is iron wire, which is described as annealed or binding wire. We believe this is one of the purest forms of iron that is readily attainable.

The sulphate is prepared by taking iron wire, sulphuric acid, and distilled water, putting them in contact, and, when the disengagement of gas has nearly ceased, boiling for ten minutes and then filtering the liquid through paper. After the lapse of twenty-four hours, the crystals which have deposited from the solution are separated, dried on filtering paper, and preserved in a stoppered bottle.

The reaction which occurs in the process is very simple; the iron, acting upon the diluted sulphuric acid, displaces the hydrogen of the water, forming a protoxide of iron, which, united with the sulphuric acid, constitutes the sulphate :—

$$HO, SO_3 + Fe = Fe\,O,\ SO_3 + H.$$

The operation is best conducted in a porcelain dish or open vessel, as the Pharmacopœia directs, so that the liberated hydrogen may at once pass off.

Sulphate of iron crystallizes with seven atoms of water. It is described in the Materia Medica as occurring in oblique rhombic prisms, of a green colour and styptic taste; insoluble in spirit, soluble in water. The solution gives a white precipitate with chloride of barium, and a blue one with the ferridcyanide of potassium, and on exposure to the air gradually becomes turbid, depositing a reddish brown sediment. Sulphate of iron when quite pure and recently prepared has a decidedly pale blue tint, which becomes green by keeping or by exposure to the air. This salt varies slightly in the facility with which it is acted on by the air, depending on the state of the solution from which it has been crystallized. Commercial sulphate of iron is commonly crystallized from a strongly acid liquid. The ochry powder which forms upon the surface of the crystals, and is also deposited from a solution of the salt which has been long kept, consists of a basic sulphate of the peroxide. The oxygen of the air converts the protoxide of iron in the salt into peroxide, which requires a larger amount of sulphuric acid to form a soluble sulphate than is present; consequently a portion separates out as an insoluble basic salt.

The Pharmacopœia directs that an aqueous solution of sulphate of iron shall give no precipitate with sulphuretted hydrogen, and one nearly white with ferrocyanide of potassium. The absence of any precipitate by sulphuretted hydrogen shows that the salt is not contaminated with copper, which is sometimes the case, and also, to a certain extent, indicates its freedom from persalt. Sulphuretted hydrogen does not precipitate either the proto or per salts of iron, but it acts upon the latter, reducing them to the state of proto salt with the simultaneous liberation of sulphur. Consequently, the formation of a white precipitate of sulphur indicates the presence of a persalt. It is exceedingly difficult to get protosulphate of iron which shall give a white precipitate with ferrocyanide of potassium. Even when it is got the effect is only momentary, for oxygen is absorbed so rapidly that the precipitate immediately assumes the blue tint due to a persalt; therefore it is described by the Pharmacopœia as nearly white.

Ferri Sulphas Granulata.—This preparation has been taken from the Dublin Pharmacopœia, and the process which was there given has been, with a slight modification, adopted. Granulated sulphate of iron is prepared by pouring a solution of pure sulphate of iron into spirit; the salt being insoluble in the latter menstruum, is at once precipitated in the form of minute crystals. The first part of the process given is the same as for sulphate of iron. Four ounces of iron wire, four ounces of sulphuric acid, and a pint and a half of distilled water are put into a dish, and when action has ceased, the liquid is boiled for ten minutes, and then filtered into a jar containing eight ounces of rectified spirit, stirring the mixture until the salt has separated out. The minute granular crystals so obtained are transferred to filter paper, dried by exposure, and then preserved.

The Pharmacopœia represents this salt as having the same composition as the ordinary crystals of sulphate of iron, and assigns to it the formula $FeO, SO_3 + 7\,HO$. Some exception has been taken to this, and it has been said that the salt contains less than the seven atoms of water. This statement is supported by the fact that alcohol is capable of abstracting the water of crystallization from sulphate of iron to such an extent, indeed, as to deprive the salt entirely of its colour. It might be inferred, therefore, that as the salt is precipitated from its solution by spirit, a portion of its water of crystallization would be at the same time removed. Possibly with the first few drops of solution which enter the spirit this is the case; but it must be remembered that a pint and a half of solution are added to eight ounces of spirit: the proportion of alcohol, therefore, must be far too small to exert any dehydrating influence on the salt itself. The Pharmacopœia formula is, moreover, sufficiently supported by the analyses which have been made of the granulated salt.

This form of sulphate of iron is one of the purest and most definite which can be obtained, for being precipitated from solution, it is more perfectly freed from the excess of acid, persalt, &c., than it could possibly be by the ordinary process of crystallization. It is described in the Materia Medica as occurring in small granular crystals of a pale green colour and mildly styptic taste, soluble in water, and insoluble in rectified spirit. Why this salt should be "mildly styptic," while the ordinary sulphate is "styptic" is not very obvious.

The tests are identical with those for sulphate of iron.

Ferri Sulphas Exsiccata.—Dried sulphate of iron is prepared by exposing the crystallized salt in a porcelain capsule to a moderate heat, which may be finally raised to 400° F., until aqueous vapour ceases to be given off. By this process six out of the seven atoms of water in the salt are expelled, and a white powder is obtained. By the application of a still stronger heat, the last atom of water might be expelled, and the anhydrous salt obtained. At a full red heat complete decomposition of the salt ensues, sulphuric and sulphurous acids passing off, and peroxide of iron remaining behind—

$$2\,(Fe\,O,\ S\,O_3) = Fe_2O_3 + S\,O_2 + S\,O_3.$$

Eighty-five grains of the dried sulphate ($Fe\,O, S\,O_3 + HO$) are equal to 139 grains of the crystallized salt.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 3, 1864.

THE CLOSE OF THE PARLIAMENTARY SESSION.

The termination of another Parliamentary Session naturally leads us to reflect upon the relations existing between the Medical Profession and the Legislature, and to inquire how far the interests of our body have been promoted or retarded, or otherwise affected, during the season which has just closed. If there is not much reason for congratulation on any victory achieved, there is not any regret to be expressed for hopes that have been disappointed; in fact, as we expected nothing, we may be grateful if we have received only a little.

In the first place, we have cause to be thankful that, although the condition of the Army Medical Department has not been materially improved, the course of bad legislation in respect to this service has been retarded in a manner as satisfactory as it was unexpected. Only last week we recorded our feeling of regret that a short Bill, entitled the India Medical Service Bill, and which had for its object the abolition of competitive examination for the Medical Service in India, had been allowed to pass its second reading in the House of Commons. We need scarcely remark that when a bill has passed its second reading, and has gone through committee, it is looked upon as virtually having passed the House; and such was considered to have been the fact on Monday last, when we went to press. But, on the evening of that day, Mr. Hennessy, who had offered a strenuous opposition to the bill in all its stages, renewed his opposition on the occasion of the third reading, and rallied round him many of the independent members of the House; and notwithstanding the support of the bill on the part of the Government, he succeeded in defeating it by a majority of two—the number of those who voted on both sides being considerable, taking into account the advanced state of the Session and the very little general interest excited by the bill itself. We are most thankful to record this defeat of the Government, whose only object in bringing forward the measure appears to have been to strengthen the hands of the authorities at the Horse Guards in resisting the just and reasonable demands of the Medical Profession in relation to the Army Medical Service.

As it is hardly worth while to slay the slain, the bill may perhaps better be consigned to oblivion; but we cannot help remarking that Sir Charles Wood had a most uphill task in supporting the measure, and that, as soon as he began to explain its provisions, he involved himself in such a mesh of absurdities and equivocations as to render its rejection inevitable. In fact, there can be no reasonable doubt that this little bill was intended quietly to be thrust through the House, in the thin and languid attendance common at the close of the summer; and the Horse Guards would then have had another triumph over the Medical Profession. But this time they are disappointed; and if they intend still to resist the pressure made upon them in reference to the Army Medical Service, they must adopt some other kind of tactics than those exhibited in the concoction of their India Medical Service Bill.

In other respects, the Army Medical Service remains in the same position as before. A large number of vacancies exist, and candidates are deficient; and of those who offer themselves for the competition, many fail to pass the examination, and those who do pass are mostly in the third class. That this result is in great measure to be attributed to the dissatisfaction existing against the Army authorities, is indubitable; but it is not true that the Profession is so overstocked as to render the Army Medical Service under any circumstances a very desirable boon to the Medical aspirant of the present day. The real fact is, that the junior ranks of the Profession are not at present overstocked, and the number of medical students is smaller than it was some years since, while the demand for young medical men is greater: but the necessity of a better education, especially in the preliminary branches, and the stringency of competitive examinations, have deterred many young men from entering upon a medical career, the emoluments of which are unlikely to remunerate them for the expenses they must incur and the time they must wait before profitable employment can be expected.

While the Medical Service of the Army is thus unable to attract the better class of students to its ranks, the Poor-law Medical Service is as much sought for as ever, chiefly, perhaps, because it is a home service; and the Poor-law authorities, both national and local, are able to make what terms they please with the Poor-law Medical Officers. If a Medical Officer remonstrates with the Guardians, he is told he may resign, or he is dismissed, and a dozen competitors spring up for the vacant post, and any attempt to procure a more adequate compensation for Poor-law Medical services is necessarily frustrated by the competition to which we allude. The patient and laborious efforts of Mr. Griffin to obtain something like justice to his brother-officers has been only partially successful; but still, the recognition of the claims of the Poor-law Medical Officers to consideration at the hands of the State has been obtained, and we have reason to be thankful for what has been already accomplished; while at the same time we hope that, by continuing the contest, still more may be achieved.

All attempts to exterminate the plague of small-pox by a thorough and well-devised scheme of general national Vaccination have been frustrated by the listlessness of the Government and the Legislature. Although it has been proved over and over again that efficient vaccination has never yet been carried out in this country, and that the Poor-law Guardians are wholly incompetent to superintend satisfactorily the performance of the operation, no steps have been taken to place matters on a better footing so as to protect the community. This is, perhaps, the more to be wondered at, since in the Session which has just closed, certain compulsory measures have been taken in respect to another disease, the victims of which are not the

feeble and the innocent, but the debauched and the depraved. In the case of the so-called Contagious Diseases Prevention Bill, powers are conceded to the police and the magistrates of a most stringent character, and totally inconsistent with the maintenance of that liberty of the subject which is the boast of our country. But it is argued—and not without reason—that liberty should not be allowed to degenerate into licentiousness, and that persons afflicted with disease ought not to be permitted to disseminate a physical pest among their neighbours. This is all very true, but in the instance in question, the community may avoid the pest, if they only take proper care to lead a virtuous life: while in the case of the small-pox contagion, the public is made involuntarily to pay the penalty of the neglect of the Legislature. The explosion of the fallacy that people are at liberty to propagate disease has, however, been witnessed in this case of the attempted prevention of syphilis; and we may reasonably hope that some day our helpless infants and children will be protected from small-pox, and thus receive the same paternal care at the hands of the Legislature as that which is accorded to our soldiers and sailors, in protecting the latter from the consequences of their own indiscretions.

SUMMARY OF THE WEEK.

THE LONDON COLLEGE OF PHYSICIANS AND THE APOTHECARIES.

The College of Physicians has determined not to grant the *ad eundem* diploma to the holders of Licences of the London Apothecaries' Society; and in this determination we think that the College has shewn a due regard to its own dignity. A more absurd proposition than that of requiring the College to accede to such a request, has, perhaps, never been made. If, indeed, the College of Physicians was a State Institution, invested with legal power to concentrate the whole mass of the Medical Profession within its jurisdiction, such a step as that which it has been requested to take, would be not only desirable, but would be a mere act of justice. But the College of Physicians, although the highest Medical Corporation in England, is only one out of many similar bodies empowered to grant Diplomas and Licences to practice Medicine, and the attempt to swallow up all the Members of the Profession could only be regarded as indicating either an avaricious desire to gain money at the expense of respectability, or a love of popularity at the risk of ultimate confusion. If, too, it is considered that the Licentiates of the Apothecaries' Society of London have a claim upon the *ad eundem* diploma, wh[illegible] have not the Licentiates of the Dublin Apothecaries' Society the same claim? And why, again, should the members of the Lo[illegible], or any other College of Surgeons, be disentitled to t[illegible]me concession? And why, *à fortiori*, should the Grad[illegible]es of Universities be excluded from the same boon? [illegible], again, Licentiates of the Society of Apothecaries' of London are to be made, for a money consideration, licentiates of the College of Physicians, why, in the name of common sense, are not all the Members of the College of Physicians to be made Fellows?—why should there be any distinctions in the College at all? If the Fellowship, and the Membership, and the Licence of the College of Physicians are desirable distinctions (and we do not deny that they are so), they are desirable because there is some difficulty in obtaining them, and in the case of the two latter, because a certain amount of intellectual labour is essential to their acquisition; but what value can be attached to an *ad eundem* licence, available for all comers who have some ten or fifteen shillings in their pocket? As we have just remarked, if the College was a State Institution, empowered to over-ride all the Medical Corporations in the Empire, like the School of Medicine in France and other despotic countries, it would be only fair to allow all Medical men holding degrees or licences to inscribe themselves as members by a nominal payment, and thus secure to themselves a suitable professional position; but however respectable the College of Physicians may be, and however justly its Fellows and Members may value the privilege of being connected with it, still there are many persons who may think just as highly of their own Alma Mater, although it is not situated in Pall Mall, London. The prestige of the College of Physicians has hitherto depended (with the exception of the year of grace, or disgrace, when its diplomas were sold at ten guineas a piece) on the value it has hitherto set upon the distinctions it conferred, and on the high character of the examinations it has instituted. It is well that it has shown its resolution to maintain this high position, and to repudiate a course of action which might have filled its coffers with a few hundred guineas, but would have reflected a lasting disgrace upon itself, and by comparison would have elevated the rank of other corporations which it sought to overthrow.

THE MEDICAL PROVIDENT FUND AND THE BRITISH MEDICAL ASSOCIATION.

The establishment of a Medical Provident Fund, for the purpose of assisting Medical men in time of sickness, and of providing for their widows and orphans in the case of their death, has long been a desirable object with the members of our Profession, and more especially with those residing in the provinces, to whom the provisions of the Society for the Relief of the Orphans of Medical Men in London and its vicinity, are of course inapplicable. The proposal to establish such a fund was considered last year at the meeting of the British Medical Association at Bristol, and the subject will again be brought forward and discussed at the forthcoming meeting of the same Association which commences its proceedings this day at Cambridge. We have received a great number of communications on this subject, which we think is one of the deepest importance to our Profession, but many of the writers intimate a fear that very little will be accomplished at the Cambridge meeting, owing to the great pressure of other business, and to the fact that the members will be absorbed in the pursuit of amusement. It is also suspected that the leaders of the Association are lukewarm on the subject,

and that, in attending to their own interests or pursuits, the claims of the Provident Fund will be disregarded. It is therefore suggested that, without placing much confidence in the result of the Cambridge meeting, another meeting should be convened in London in October next, to organise a plan of operations. We think it right, however, to state that the Report of the Medical Provident Fund Committee will be read at the Cambridge meeting on Friday morning next, and Dr. Richardson, the Chairman of the Committee, has published the following letter to the members of the Association :—

To the Members of the British Medical Association.

Fellow Associates,—I beg specially to call your attention to the fact, that the Report of the Medical Provident Fund Committee will be read at the Cambridge meeting on Friday morning next.

The Report will, I hope, show demonstratively that a Provident Fund, capable of exercising the most useful influence in the Profession, may be easily worked in connection with the Association; and it will further incidentally suggest the question, whether it would not be advisable to obtain for the Association a Royal Charter of Incorporation.

Under these circumstances, it may be fairly assumed that the discussion on the Report will be the leading feature of the meeting at Cambridge; and that, on the decision of the meeting, results of immense moment in our future will rest.

May I, therefore, urge on all members of the Association who may come to Cambridge, to let nothing hold them from their attendance on Friday morning; and may I also ask members who are in doubt about coming, to treat, for once, "their doubts as traitors," and to join their brethren.

I remain, fellow associates,
Your faithful friend,
B. W. Richardson.

12 Hinde street, W., July 28th, 1864.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. George Johnson concludes his "Lectures on the Laryngoscope," delivered before the College of Physicians. He points out the applications of the instrument in throwing light upon the causes of hoarseness and aphonia, and shows how warts and tumours are often detected upon the vocal cords, and how tubercular and syphilitic ulceration of the larynx are also often revealed by the same means. The general use of the instrument, by detecting organic disease of the larynx, will often obviate the use of drugs, and at least spare the patient much useless medication; while by indicating removable disease, a cure may be often effected by surgical proceedings. Dr. Johnson, in conclusion, cautions the Profession not to trust too far to the instrument so as to treat the local disease exclusively, because the affection of the larynx may be merely a coincidence or a consequence of constitutional disorder, which must be treated by general remedies.——Dr. G. M. Humphry, of Cambridge, continues his "Surgical Observations," his present subject being "Stone in the Female." He prefers the operation of extraction from the bladder by means of forceps, the urethra being previously dilated by means of cat-gut bougies, introduced gradually in greater and greater number, until the urethra is sufficiently patent to admit the forceps. Sometimes bone, teeth, and hair have been extracted from the female bladder, and their presence in this situation may perhaps be accounted for by supposing that they are derived from an ovarian cyst, which has ulcerated and discharged its contents into the bladder.——Mr. E. W. Pollard communicates a paper "On the Treatment of Syphilis by Mercurial Vapour." The plan consists in softening the skin by producing gentle diaphoresis previously to employing the vaporised calomel, which is applied in a carefully-constructed box, where the calomel is volatilized at a regulated temperature with the vapour of water and the sublimed particles are equally diffused and deposited on the person of the patient. As inhalation is not always necessary, the head is excluded. Several cases are related, in which the use of this mercurial bath was attended with great success.——Dr. Daniel Mackintosh contributes some notes "On Three Persons Struck by Lightning." The occurrence happened in May last, two of the persons recovering, and one being killed on the spot.

'Medical Times and Gazette.'

Mr. Wharton Jones, of University College, continues his lectures "On Iridectomy and Glaucoma," the second of the series being, in the present number of the journal, brought under notice for our consideration. In summing up the contents of his last paper, Mr. Jones mentions that glaucoma is really a condition of general *venous* congestion of all the structures of the eye, but more especially of the retina and choroid; while there is a pallid condition of the parts traversed by arteries, owing to the constriction of these vessels. The retinal venous radicles are all of them varicose and sacculated; capillaries are not found in the same state; the constricted arteries, however, *seem* to have an increase in the thickness of their walls; this is not a real thickening, but is merely the result of a contraction of their circular fibres, and when the spastic tension of the vessels is relieved, there is synchronously with the relaxation a thickening in the walls. The sacculated appearance of the veins is dependent upon the contraction of their coats in some places, and their dilatation in others. There may be, however, no dilatation; the vessels, where not contracted, merely preserving their wonted calibre, and causing a semblance of true dilatation by comparison with the contracted parts. The cause of the venous congestion is a stasis of the blood-corpuscles in the arteries from constriction of the coats of the latter, by which diminution in the size of the bore of the vessels, the *vis a tergo* is insufficient for purposes of propulsion. Understanding the pathology of glaucoma, we can easily comprehend the injurious effect of atropia or belladonna, these agents tending to intensify the contraction of the circular muscular fibres of the arterial coats. Belladonna stimulates to contraction rather than paralysis to dilatation. The immediate sequence of retinal and choroidal venous congestion is intra-ocular distension, which becomes aggravated by an increase of the intra-cellular fluid of the vitreous body. In antero-internal inflammation, distension takes place in the anterior

segment of the eye-ball; in the opposite form of inflammation, the converse holds good—the anterior segment is diminished in depth, the iris and lens are pushed forwards, and the papilla optica becomes more excavated, owing to a forcing backwards of the nerve into its sheath, a certain degree of atrophy of the nerve itself, and a bulging forwards of the retina by the congested and thickened choroid. The hardness of the eye-ball in this affection arises both from intra-distension and from morbid alterations in the sclerotic. Though this disease is almost essentially chronic, yet it may be sometimes acute, and may be of as different degrees of variety as any other malady. There may be intra-ocular hæmorrhage in the course of the ailment. An account of the condition of a patient operated on for glaucomatous blindness concludes the lecture.——Dr. Harley's fifth lecture is "On Hippuric Acid." In the beginning of his discourse, allusion is made to the importance of the chloride of sodium as a most common ingredient in the composition of every human organism at one time, and in certain tissues increasing solubility at another time, and in other tissues behaving itself as an antiseptic. It prevents the coagulation of the fibrin of blood, and in a certain measure gives to the blood-corpuscles their peculiar colour, according as it occasions them to be bi-concave or bi-convex. Its amount in the human economy is subject to very great varieties—its absence is, indeed, an inordinate want; when it is taken in proper quantities it tends to fatten; when in excess it acts contrariwise. Admitted into the system in any way, it is rapidly eliminated by the saliva, mucous membranes, and the kidneys; in the muscles, the chlorine, instead of being combined with a soda salt, is united with a potash one. Lehmann says it tends to cell-development; without doubt it causes excretion of urea, and that, too, in large quantities. In cases of starvation, none can be detected in the urine. It acts as a valuable tonic by forming muriatic acid in the stomach. The average amount passed is 77·5 grains. In disease, as in health, it varies very much as to the quantity excreted. In diseases attended with exudation, there is diminution or absence of the chlorides; such a condition exists in pneumonia. The sputa, however, contain it largely in such instances as these. From his closing remarks, it is evident that Dr. Harley considers this combination of chlorine and sodium may be used in some affections as a remedial or palliative agent.——Dr. Laycock contributes a paper "On the Treatment of Delirium Tremens and of Delirium in Fevers." The object of the communication is to defend the "rational" and "expectant" method of treatment, which he advocates as preferable to the empirical and heroic plans. It is shown that alcoholic stimuli are of avail, and should be used in asthenic delirium. It is advisable to abstain from the use of opium, or of any of its salts, in the case of the sleeplessness of fever, even when such want of rest may have continued for even more than five or six nights in succession.——Dr. Ogle, of St. George's Hospital, communicates "Cases of Softening of the Brain and Spinal Cord;" the present article being a continuation of former papers on the same subject.——Mr. Bulley has contributed "Clinical Notes and Observations on Hard Nodulated Tumour of the Tongue, apparently of Cancerous Nature, which disappeared under the Use of the Galium Aparine." The patient, a married woman, æt. sixty, had noticed the growth only five weeks previous to her admission into hospital, and during that time there was an increase in the size from that of a hemp-seed to that of a marble; it lay imbedded in the right side of the tongue, and not more than an inch from the apex; was nodulated, and with the feel peculiar to scirrhous growths; was painful as well as tender, and at times the pain assumed a throbbing character. The patient had lived well, but had been at no time what might be termed a free liver; there was no apparent cachexia, nor any history of cancer; the tumour had latterly taken on rapid growth. She was ordered ʒjss. of a fluid extract of galium aparine twice daily, and also a lotion of the same. The most nutritious diet was likewise given. The tumour entirely disappeared; the tongue resumed its natural structure and appearance. The galium (cleavers) is a popular remedy for scirrhus; it has proved useful in professional hands, not alone as antagonistic to cancer, but in epilepsy and certain obstinate skin diseases. It acts by altering and improving the deteriorated blood. It seems to generate healthy granulations on cancerous ulcerated surfaces, and to promote rapid cicatrisation.

REVIEW OF BOOKS.

Lectures: Chiefly Clinical. By Thomas King Chambers, M.D., Physician to St. Mary's and the Lock Hospitals. Pp. 599. London: Churchill and Sons. 1864.

The present volume is substantially the same as the book which in two former editions was entitled by the author 'The Renewal of Life,' but this appellation was considered by the critics as of such an objectionable nature, that it has been discarded from the title-page. The fact is, that, without meaning any harm, Dr. Chambers had certainly given to the outside of his former book a "sensational" appearance, with which the contents by no means corresponded, for they consisted of a series of clinical remarks and lectures delivered during the course of hospital practice; and although the lecturer showed himself to be an independent thinker and prescriber, there was nothing quackish or extravagant in the doctrines inculcated or the practice pursued. The present book has a very modest appearance and a very brief and common-place title; and we congratulate the author both on the publication of the lectures in their existing form, and on his own convalescence from a most distressing illness.

The subjects discussed are very numerous, and are not arranged in any consecutive order. The leading idea which they illustrate (if they can be said to illustrate any at all) is, that disease is a diminution of vital power tending towards death, and that, therefore, all curative agency, by preventing this tendency and restoring the vital powers, is a "Renewal of Life." Expressed in the terms used by the author, there is no fault to be found with the idea, or with the manner in which it is worked out; for in no case can it be said that any erroneous treatment is insisted upon as a necessary corollary of crotchetty theories, or, indeed, that any views are advocated which might not have emanated from any other accomplished hospital physician, writing from the results of his experience.

The theoretical portions of the volume are comparatively few, the great bulk being made up of the record of cases which actually occurred, and which are frequently grouped together for the sake of analysis, or comparison. In the selection of

cases for clinical instruction, the author has purposely chosen those which are of most common occurrence, very properly considering that they are the best adapted for the guidance of the student, who will meet with them most frequently in his subsequent career; while the rare cases, sometimes exclusively chosen by clinical lecturers, will, perhaps, never present themselves to a medical man in ordinary practice. Thus we find that fever, pneumonia, rheumatism, hysteria, anæmia, consumption, and many other common diseases, form the text of many of the lectures; while others are devoted to what may often be considered as mere symptoms —as pain in the stomach, vomiting, costiveness, and the like. These are, however, just the subjects with which the student requires to be made familiarly acquainted, and which he is not taught in the systematic lectures delivered at the medical schools. We do not wish it to be implied that we condemn the teaching of medicine in a systematic manner—far from it; we think such teaching absolutely essential to the formation of accurate habits of thought and reflexion, but inasmuch as diseases present themselves indiscriminately, and not systematically, to our notice, the clinical teacher is a necessary complement to the systematic professor of medicine. There is the same difference between Dr. Chambers' book and a treatise on the practice of Medicine as between a description of the fauna or flora of a particular country and a treatise on zoology and botany; but both books are very useful in their way.

Dr. Chambers is tied down to no school in his doctrines, and his practice is eclectic—that is to say, he accepts or rejects any given mode of treatment according as he finds it or thinks it beneficial or otherwise, and he changes his own opinions if he finds them no longer tenable. On many debatable points he offers what appears to be a candid and well-balanced judgment: blood-letting is considered useful in certain specified cases, notwithstanding the condemnation which has been lately passed upon it in certain quarters. Alcohol is pronounced to be neither a poison nor an elixir vitæ, but an agent powerful for good or for evil, as it may be judiciously or injudiciously employed. Mercury is commended in certain cases, but condemned in others. Among the peculiarities of Dr. Chambers' practice are the *jacket-poultice* in inflammation of the chest; the recommendation of *blanketing* in rheumatic fever; and the proscription of tartar emetic as a remedy in disease, in which latter particular we by no means coincide with him. Several years since we had the same opinion inculcated upon us by an eminent member of the Profession, but we have subsequently seen so much benefit follow from the judicious use of tartar emetic, especially in diseases of the respiratory organs, that we look upon it as a remedy of inestimable value.

CONTAGIOUS DISEASES BILL.

The following are the principal provisions of the Contagious Diseases Bill, as amended by the Select Committee:—

The Admiralty and the Secretary of State for War shall, on the passing of this Act, appoint a superior Medical officer of her Majesty's navy or army to be, during pleasure, Inspector of Hospitals certified under this Act, and may from time to time, on the death, resignation, or removal from office of any such inspector, appoint any such officer in his stead.

On the application of the authorities having the direction or management of any Hospital desiring that such Hospital should be certified under this Act, the Admiralty and the Secretary of State for War may direct the Inspector of Hospitals to examine and report to them on the condition of that Hospital, and on the regulations established for its direction and management.

If on such examination and report the Hospital appears to the Admiralty and the Secretary of State for War to be useful and efficient for the purposes of this Act, and is certified in writing to be so by the Admiralty and the Secretary of State for War, the same shall be deemed a certified Hospital for the purposes of this Act, and every such Hospital is in this Act referred to as a certified Hospital.

The Inspector shall, from time to time, visit and inspect every certified Hospital.

If on the report of the Inspector respecting any certified Hospital the Admiralty and the Secretary of State for War think proper to withdraw their certificate, that Hospital shall thereupon cease to be a certified Hospital for the purposes of this Act.

Where an information, in the form given in the second Schedule to this Act, or to the like effect, is laid before a Justice of the Peace by a superintendent or inspector of police or constabulary authorised to act in any place to which this Act applies, or by any Medical Practitioner duly registered as such, the justice may if he thinks fit, issue to the woman named in the information a notice in the form given in the same Schedule, or to the like effect.

A constable or other peace officer shall serve such notice on the woman to whom it is directed, by delivering the same to her personally, or by leaving the same with some person for her at her last or usual place of abode.

In either of the following cases, namely,—

(1.) If the woman on whom such notice is served appears herself, or by some person on her behalf, at the time and place appointed in the notice, or at some other time and place appointed by adjournment;

(2.) If she does not so appear, and it is shown (on oath or affirmation) to the justice present that the notice was served on her a reasonable time before the time appointed for her appearance, or that reasonable notice of such adjournment was given to her (as the case may be): the justice present, on oath or affirmation being made before him substantiating the matter of the information to his satisfaction, may, if he thinks fit, order such woman to be taken to a certified Hospital for medical examination.

Such order shall be a sufficient warrant for any constable or peace officer to whom the order is delivered, to apprehend such woman, and to convey her with all practicable speed to the Hospital therein named, and for the authorities of the Hospital to cause her to be examined by some Medical officer of such Hospital, for the purpose of ascertaining whether or not she has a contagious disease, and in case, on such examination, it is ascertained that she has a contagious disease, then to detain her in the Hospital for twenty-four hours from the time of her being brought there.

Within the said period of twenty-four hours, the authorities of such Hospital shall cause a certificate, signed by the Medical officer who has made such examination, stating (if the fact be so) that on such examination it has been ascertained that such woman has a contagious disease, to be made out and laid before the justice by whom the order was made, or some other justice having the like jurisdiction; and thereupon such justice may, if he thinks fit, order the authorities of such Hospital to detain such woman in the Hospital for Medical treatment until discharged by such authorities, and such authorities shall detain her accordingly.

If any woman ordered as aforesaid to be taken to a certified Hospital for Medical examination refuses to submit to such examination, or if any woman ordered to be detained in a certified Hospital for Medical treatment refuses or wilfully neglects, while in the Hospital, to conform to the regulations thereof, or quits the Hospital without being discharged from the same as aforesaid, every such woman shall be guilty of an offence against this Act, and on summary conviction thereof before two or more Justices of the Peace shall be liable to imprisonment, in the case of a first offence, for any term not exceeding one month, and in the case of a second or any subsequent offence for any term not exceeding two months.

If any person, being the owner or occupier of any house, room, or place within the limits of any place to which this Act applies, or being a manager or assistant in the management thereof, induces or knowingly suffers any common prostitute having a contagious disease to resort to or be in such house, room, or place for the purpose of prostitution, every such person shall be guilty of an offence against this Act, and on summary conviction thereof before two or more

justices of the peace shall be liable to a penalty not exceeding ten pounds, or, at the discretion of the justices, to be imprisoned for any term not exceeding three months, with or without hard labour.

Provided that a conviction under this enactment shall not exempt the offender from any penal or other consequences to which he or she may be liable for keeping or being concerned in keeping a bawdy house or disorderly house, or for the nuisance thereby occasioned.

For the protection of persons acting in the execution of this Act,—all actions and prosecutions against any person for anything done in pursuance or execution or intended execution of this Act shall be laid and tried in the county where the fact was committed, and shall be commenced within three months after the fact committed, and not otherwise; and notice in writing of such action and of the cause thereof shall be given to the defendant one month at least before the commencement of the action; and in any such action the defendant may plead generally that the act complained of was done in pursuance or execution or intended execution of this Act, and give this Act and the special matter in evidence at any trial to be had thereupon; and the plaintiff shall not recover in any such action if tender of sufficient amends is made before such action brought, or if a sufficient sum of money is paid into Court after such action brought, by or on behalf of the defendant; and if a verdict passes for the defendant, or the plaintiff becomes non-suit, or discontinues any such action, after issue joined, or if upon demurrer or otherwise judgment is given against the plaintiff, the defendant shall recover his full costs as between attorney and client, and have the like remedy for the same as any defendant has by law in other cases; and though a verdict is given for the plaintiff in any such action, such plaintiff shall not have costs against the defendant unless the judge before whom the trial is had certifies his approbation of the action and of the verdict.

This act shall continue in force for three years from the passing thereof, and no longer.

GENERAL CORRESPONDENCE.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

Sir,—The following subscriptions have been further received on behalf of the above fund:—

	£	s.	d.
James Hair, Esq., Bures St. Mary	0	10	6
C. F. J. Lord, Esq., Hampstead	0	10	6
Dr. R. Martin, Warrington	1	1	0
Dr. Bisset Hawkins, Dorchester	1	1	0
Dr. William Sankey, Hollingbourne	1	1	0
Amount previously announced	39	7	6
Received at the 'Lancet' office	2	18	0

Yours obediently,

Robert Fowler, M.D.,

145 Bishopsgate st. Without, Treasurer and Hon. Sec.

July 27, 1864.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, June 1st, 1864.

Dr. Oldham, President.

The following gentlemen were elected Fellows of the Society:—Dr. Waller Balls; Dr. A. Wahltuch, Manchester; and Dr. W. B. Woodman, London Hospital.

Dr. Hall Davis showed a Craniotomy Forceps, whose blade fenestrated, of the form of a very elongated horse-shoe. It was composed of two parts, male and female; the former serrated deeply, the serrations pointing backwards, and fitting into the depression in the female parts; the lock like Naegelé's, and the handles fastening by a spring and rack at their extremities. This instrument he had tested practically, and found it answered admirably.

Dr. Meadows exhibited a Bandage, which he recommended in place of the jack-towel usually applied after labour. It was made of stout calico, shaped to the abdomen and hips, having one bone for extra support in front. When adjusted, it could be fastened firmly, either by bracket or laced like a corset, the advantages being, facility of application, combined with comfort and greater efficiency.

Drs. Routh, Oldham, Rogers, Graily Hewitt, and Meadows discussed some points connected with bandaging after labour.

Dr. Aveling, of Sheffield, read a paper

ON IMMEDIATE TRANSFUSION.

The author stated that transfusion had been performed now for two hundred years, and that for the first hundred and sixty years of that time the immediate method had been solely employed. He described the numerous forms of immediate apparatus hitherto used, and pointed out their faults and advantages. He also exhibited an instrument of his own, which consists of two small silver tubes to enter the recipient and emittent vessels, and of an india-rubber tube to connect them. This has in its centre a small elastic receptacle holding about two drachms, by compressing and relaxing which the blood is made to circulate through the tube, and the quantity passing is measured. He believed that there was less chance of coagulation by the immediate method, and that it had advantages over the mediate mode. The blood was not exposed to the air; the operation was uninterrupted, and the closest imitation of nature.

Dr. Cleveland thought there would be danger of introducing air in the apparatus shown by Dr. Aveling, which was not transparent.

Dr. Graily Hewitt said the subject brought before the Society by Dr. Aveling was one of great importance, and one moreover in which he was individually much interested. In the course of last year he (Dr. Graily Hewitt) had brought the subject of transfusion before the profession in a paper read at the annual meeting of the British Medical Association held at Bristol, and he had exhibited at that meeting the apparatus for the performance of transfusion which he now begged to lay before the Obstetrical Society. He would remark that the great desideratum in an apparatus for transfusion, adapted for use in obstetric emergencies, was a simple, certain, and ready mens of conveying the blood. The instrument which he had contrived fulfilled, he believed, these indications; and he had had an opportunity of using this instrument only a short time since in the case of a poor woman dying from loss of blood connected with placenta prævia. The instrument acted admirably, and by its means he was enabled to transfuse two successive portions of blood. The operation was unfortunately delayed, as it proved, a little too long, and the patient failed to derive benefit from the operation; but the experience afforded by the case was such as to justify him in expecting the best possible results from its use in similar emergencies. The apparatus devised by Dr. Aveling, which in principle, he believed, resembled one that had been recommended by Dr. Richardson, was, he considered, objectionable for a variety of reasons. The want of transparency prevented the observer ascertaining what was going on in the tube; it was not easy to connect, off-hand, the tube with the vein of the individual supplying the blood; and, further, it would be found very objectionable to bring the individual supplying the blood into close proximity with the individual dying from loss of blood. The person supplying the blood was often, in obstetric practice, the husband of the patient; and, unless under very exceptional circumstances, the nerve and fortitude of the individual in question would be likely so to break down as to interfere with the carrying on of the operation. For these reasons, therefore, he believed that, however ingeniously contrived, the "immediate" method could not become a practical operation. The instrument he (Dr. Graily Hewitt) had employed—constructed for him by Messrs. Whicker and Blaise—was a two-ounce glass cylinder, fitted at one end with a piston and rod, and at the other adapted to the tube entering the vein of the patient. The blood was received into the syringe itself, the piston being

removed for this purpose, and the blood was then injected. The peculiarity of the instrument was that the blood was received directly into the syringe, without the necessity for a funnel or other apparatus; and the exposure of the blood to the air and to foreign objects—which hastened to coagulation—was thus reduced to a minimum. The operation of transfusion required forethought and arrangement, and accurate appreciation of the difficulties surrounding its performance. These difficulties he had endeavoured to point out and to obviate, in the paper to which he had already alluded.

Dr. EASTLAKE was able to confirm Dr. Graily Hewitt's statement as to the applicability and value of this instrument, having assisted Dr. Hewitt at the operation in question. It would have been impossible in this case to have brought the husband, who supplied the blood, to the bedside. His nervousness and agitation under such circumstances would probably have prevented the performance of the operation.

Dr. BRAXTON HICKS hoped he should be able some day to bring before the Society a plan which he had employed with success in the lower animals, and also in a case of hæmorrhage in a lady. The principle of its action was to prevent fibrillation, thereby doing away with the greatest difficulty attending the operation.

Dr. AVELING, in reply, would remind the Society that the operation of transfusion had been successfully performed by the simplest means—such as quills; and he differed from Dr. Graily Hewitt in his estimate of the difficulties of the operation.

Dr. GREENHALGH read a paper on Placenta Prævia, the discussion upon which was adjourned to next meeting.

An abstract of this paper will appear in the report of the next meeting.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28.

Mr. PARTRIDGE, President.

(Continued from page 65.)

Mr. J. A. KINGDON read a paper on

THE CAUSES OF HERNIA.

The object of the paper was to call in question the accuracy of the prevailing opinions concerning the causes of hernia. Instead of its being due almost entirely to mechanical causes, as most writers since the time of Scarpa have held, the author endeavoured to prove that hernia was the result of an abnormal condition of the peritoneum in its entirety, either from congenital malformation or inherent disposition to be relaxed. Without disputing the majority of the arguments that favoured the mechanical theory, the author attempted to show that mechanical causes could not operate without antecedent derangement of the peritoneum. So long as the mesenteries remained unrelaxed, in healthy bone, and with their normal attachments, the author held that hernia not only did not, but could not, occur, and that there was no disposable force that could stretch the mesenteries and dislodge the viscera. But when, from congenital defect or subsequent derangement, the mesenteries allowed the intestines to descend in the cavity of the abdomen below their proper sphere, then mechanical causes could act—then the arguments of those who advocated the mechanical theory would apply; protrusion would then be due to loss of equilibrium between the muscular parietes and the rings, but not till then. The author further attempted to show that hernia was fundamentally an affection of the peritoneum generally, by pointing out that the condition of the parietal layer determined the kind of hernia—*i.e.*, the aperture through which it escaped. The facts and arguments in support of these views were set forth in the paper.

A paper, by Dr. WILSON FOX, was read

ON THE ORIGIN, STRUCTURE, AND MODE OF DEVELOPMENT OF THE MULTILOCULAR CYSTS OF THE OVARIES.

The first division of the paper consists of a *résumé* of the views hitherto held with regard to the origin of these cysts. The author considers that the opinions hitherto expressed on this point may be divided into two chief classes. 1. Those which attribute the cysts of the ovary either to morbidly affected Graafian vesicles, or to secondary formations of these structures. 2. Those which ascribe the multilocular forms to a morbic process arising in the stroma of the ovary, independently of the Graafian vesicles. Under the second category there is a great variety and discrepancy of opinions. With regard to the former, it has long been doubted whether the number of the Graafian follicles normally existing in the ovary is sufficient to account for the whole of the cysts sometimes found in these tumours; while the proof of any fresh formation of Graafian vesicles taking place in the adult has hitherto been of a very dubious kind, nor has any account been furnished of the mode in which secondary cyst formations proceed from them. The author has studied these conditions in fifteen of the so-called "colloid cysts" of the ovary, for the opportunities of examining most of which he has been indebted to the kindness of Mr. Spencer Wells. He believes that all primary cysts of the ovary originate in the destruction of the ovum and subsequent accumulations of fluid in the follicle, the membrana granulosa acting as a secreting structure. From these cysts secondary cysts may originate in various ways, all of which, however, may be referred to one common type. Class A.—Cysts give off long tubular processes, lined by an epithelium similar to that of the cyst whence they spring; one cyst may give off two or three such processes at various parts of its circumference. These undergo constrictions in their course, and thus form secondary cysts. These processes and the cysts from which they spring are most easily found in the more dense parts of the stroma. Class B.—Thin-walled cysts give off diverticula analogous to those by which the lungs, the thyroid, and some other glandular organs, both of the gusto-pulmonary and genito-urinary system, originate in the embryo. These diverticula, which open by a narrow neck into the cavity of the parent cysts, expand as large pouches on its external surface, protruding into other and adjacent cysts. The neck may either expand into a large opening or may become constricted, in which latter case the original communication is destroyed. One cyst may in this manner give off numerous diverticula. These varieties (A and B) usually co-exist in different parts of the same tumour. They were found by the author in three out of the fifteen tumours examined by him. They give rise to very compound structures, but not to the dense masses to which the names of "alveolar degeneration," "cystoid disease," and "adenoid tumours" of the ovary have been given. This variety (or Class C) results from the formation, on the inner surface of the cyst-wall of a series of tubular glands, analogous to those of the uterus, or the crypts of Lieberkühn, or the glands of the stomach. They are formed by the (1) epithelium lining, the parent cyst becoming stratified, and in its superficial layers assuming a columnar character. (2). Into this stratified epithelium, papillæ formed of connective tissue spring from the stroma of the ovary, in each of which a loop of vessels is formed. A series of densely-clustered villi is thus produced, which are converted into tubular glands by the growth upwards around these bases of the stroma of the ovary. The glands may become compound at their bases by secondary villi arising in them. They may be converted into simple cysts by the closure of their orifices; but more commonly the upward growth of the stroma surpasses that of the villi in which their summits end, and the glands become completely shut off and enclosed in the stroma, forming groups of a very compound form, of tubular structure, lined by a secreting epithelium embedded in the wall of the parent cyst. When distended by further secretion they form the smaller and larger multilocular cysts scattered on the inner wall of the parent cyst. Other modes of cyst-formation resulting in dense cystoid masses were traced by the author to these structures. Class D refers to the cyst found in the cauliflower papillary or dendritic growths which spring from the interior of parent cysts. These growths originate in a number of delicate papillæ growing from a common basis.

and uniting to form larger masses. They consist of a delicate stroma, derived from that of a parent cyst-wall, a loop of vessels, and a covering of epithelium. The irregularity of their growth causes spaces to be enclosed by them, lined by a secreting epithelium, and which, when completely shut off, become cysts. Various illustrations were given of this process. The author considers that in no case are the secondary cysts in the cauliflower growths of the ovary derived from single epithelium cells. The author then referred to the observations of Drs. Pflüger and Billroth on the origin of the Graafian follicles from tubular structures found in the embryonic condition of the ovary; and though not fully able to corroborate all Dr. Pflüger's views from his own observations, he has convinced himself that the Graafian follicles originate in tubular structures. He regards these cysts as resulting from a renewal in the adult of the early mode of development of the Graafian vesicle with various morbid aberration from the type of embryonic growth, and thinks they must therefore be placed in the same category with other cystic tumours growing in structures having tubular glands and ducts, especially with those of the mamma, testicle, the thyroid gland. He regards the cysts mentioned under class D as presenting essentially the same type, inasmuch as the large papillary and cauliflower masses can only be regarded, similarly to the Huversian fringes of synovial membranes, as everted glandular structures. He has not had any opportunities of examining any multilocular cysts of the ovary containing dermoid structures; but, inasmuch as these have been shown to contain both normal hair follicles and sebaceous and sudoriparous glands—all of which structures are the frequent seat of cyst formations—he believes that they will be proved to follow the same laws of growth as the colloid cysts. The author, from chemical examinations of the fluid contents of the cysts, has been led to regard the so-called colloid matter found in them, as the result of alterations depending on the varying conditions of pressure under which they are secreted from the inner surface; and he believes that this matter cannot be considered as the result of any special form of degeneration of the tissue of the ovary. The method which the author has pursued in studying the development of the cysts of the Classes A C D has been to make sections in the recent state with a Valentin's knife through various parts of the stroma. The glands of Class C are best displayed by sections made vertically to the inner surface of the cyst-wall. Observations on Classes C and D are much facilitated by hardening the tissues in chromic acid solution of two per cent., and subsequently treating sections made by a sharp razor with liquor of soda and glycerine.

BIRTH.

PATERSON.—On the 19th ult., at Balbeggie, Perthshire, the wife of George K. H. Paterson, L.R.C.P. & L.R.C.S.Ed., of a son.

DEATHS.

ABRAHAM.—On the 16th inst., at Marsden Villa, Haverstock hill, Thos. Abraham, M.D., late of New Broad street, aged 56.

AMMER.—On the 9th inst., at Presbury, Hungary, Nikolous Ammer, M.D., aged 56.

BARNES.—On the 18th inst., at Rupert road, Upper Holloway, John Barnes, M.D., formerly of Tavistock place, aged 63.

DON.—On the 18th inst., at Bearchill, Brechin, Forfarshire, N.B., James Don, M.D., retired Surgeon-General, Bombay.

FELL.—On the 18th inst., at Ambleside, Westmoreland, W. Fell, M.R.C.S.E., aged 62.

FORRESTER.—On the 30th ult., suddenly, on board the Steamship "Nubia," in the Red Sea, on the homeward passage from India, Wm. Forrester, Surgeon Madras Army, aged 45.

JONES.—On the 7th inst., T. R. Jones, M.D., of Aberystwith, aged 35.

THE INVERNESS DISTRICT LUNATIC ASYLUM has been recently opened. Accommodation is provided for 350 patients. The hospitals and infirmaries for the male and female patients are detached buildings, each hospital being fitted up for forty inmates.

THE INDIAN MEDICAL SERVICE BILL.

The following is the division list on the occasion when the above Bill was rejected on its Third Reading.

Ayes.	*Noes.*
Ayrton, Acton Smee.	Astell, John Harvey.
Baring, Rt. Hon. Sir F. T., (Portsmouth).	Aytoun, Roger Sinclair.
Baring, Thomas G. (Penryn).	Beecroft, George Skirrow.
Bouverie Rt. Hon. E. P. (Kilmarnock).	Bramston, Thomas William.
Bonverie, Hon. P. Pleydell (Berks).	Briscoe, John Ivatt.
Bruce, Rt. Hon. Henry Austin (Merioneth).	Brooks, Robert.
Bury, Viscount.	Burrell, Sir Percy.
Cardwell, Rt. Hon. Edward.	Butler-Johnstone, Hon. A. (Canterbury).
Childers, H. Culling Eardley.	Cecil, Lord Robert.
Collier, Sir Robert Porret.	Clay, James.
Cowper, Rt. Hon. William F.	Clifton, Sir Robert Juckes.
Cranfurd, Edward Hy. J. (Ayr).	Colebrooke, Sir Thos. Edward.
Crawford, Robert W. (London).	Cox, William.
Doulton, Frederic.	Duff, Mount. Elph. Grant (Elgin).
Fermoy, Lord.	Farquhar, Sir Minto.
Gibson, Rt. Hon. Thos. Milner.	FitzGerald, William R. S.
Gilpin, Chas. (Northampton).	Fleming, Thomas Willis.
Gladstone, Rt. Hon. William.	French, Colonel.
Goschen, George Joachim.	Gard, Richard Sommers.
Gower, Hon. F. Leveson (Bodminster).	Greene, John.
Grey, Rt. Hon. Sir Geo. (Morpeth).	Hadfield, George.
Headlam, Rt. Hon. Thomas Emerson.	Hamilton, Major (Linlithgow).
Howard, Hon. Charles W. G. (Cumberland).	Hay, Sir John C. Dalrymple.
Hutt, Rt. Hon. William.	Howes, Edward.
Ingham, Robert.	Jermyn, Earl.
Lewis, Harvey.	Lefevre, George John Shaw.
Locke, John.	Lennox, Lord Henry G. (Chichester).
Mackie, James.	Lowther, Hon. Col. (Westmoreland).
Mackinnon, Wm. A. (Lymington).	Lyall, George.
Martin, Phil. W. (Rochester).	Lysley, William John.
Martin, James (Tewkesbury).	Moffat, George.
Morris, David.	Monsell, Rt. Hon. William.
Neate, Charles.	Moor, Henry.
Newdegate, Chas. Newdigate.	Naas, Lord.
O'Hagan, Rt. Hon. Thomas.	Nicol, William.
Paget, Lord Alfred (Lichfield).	Pakington, Rt. Hon. Sir John.
Paget, Lord Clarence (Sandwich).	Powell, Francis Sharp (Cambridge Borough).
Palmerston, Viscount.	Selwyn, Charles Jasper.
Peel, Rt. Hon. Sir Robert (Tamworth).	Seymour, Hy. Danby (Poole).
Peel, Rt. Hon. Fredk. (Bury).	Somes, Joseph.
Shelley, Sir John Villiers.	Surtees, Henry Edward.
Tollemache, Hon. Fred. James (Grantham).	Sykes, Col. William Henry.
Villiers, Rt. Hon. C. Pelham.	Taylor, Col. (Dublin Co.)
Wood, Rt. Hon. Sir Charles (Halifax).	Taylor, P. Alfred (Leicester).
TELLERS:	Torrens, Robert.
Mr. Brand and Sir W. Dunbar.	Williams, William (Lambeth).
	TELLERS:
	Mr. Hennessy and Col. North.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Th following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 26th ult.:—Charles Edward Blair, Wandsworth; Alex. Hampton Brewer, Victoria, Monmouthshire; Thomas Collier, Bridgend, Glamorganshire; George Covey, Basingstoke; John Hamilton Craigie, Finsbury square; Richard Rothwell Daglish, Wigan; Thomas Henry Whitehouse Davies, Stroud; Henry James Divelly, Wandsworth; John Challen Duke, Leominster, Sussex; John Moore Fisher, Hull; George Gill, Liverpool; John Hankinson Gornall, Liverpool; John Hedley, Newcastle; George Henry Hills, Old Kent road; Thomas Lallan, Dublin; Augustus Square May, Plymouth; James More, Rothwell,

Northamptonshire ; Thomas Henry Morris, Spalding ; Walter Hugo Reed, Tiverton, Devon ; William Matthew Renton, Shotley Bridge ; John Coryton Roberts, Peckham ; George Henry Savage, Brighton ; Frederick Turner, Buxton; William Foster Vise, Spalding ; John Hargreave Wraith, L.S.A., Over Darwen.

The following gentlemen were admitted Members on the 27th ult. :—William Bailey, L.S.A., Tipton, Staffordshire ; Henry Barnes, Wigton, Cumberland ; Joseph Edward Collingwood, Corby, Lincolnshire ; Thomas Fairbank, Islington ; Ernest Last Fyson, Exning, near Newmarket ; Richard Carter Goddard, Stockport ; William Henry Harding, Wormley, Herts. ; Henry Cripps Lawrence, Surbiton ; Paulin Martin, L.S.A., Abingdon ; Lewis Wayne Morgan, Hafod, Glamorganshire ; Thomas Renny Strachan Nivison, Edinburgh ; David Renton, M.D., Madeira; James Francis Hamilton Richardson, Down, Kent ; Thomas Edward Roberts, Gibraltar ; Charles Edward Heron Rogers, Westmeon, Hants ; Joseph Hiram Shearwood, Spilsby, Lincolnshire ; Ebenezer Fulham Turner, Upper Clapton ; Alfred Edward Wilmot, Ryde, Isle of Wight ; Stephenson Moreton Wightman Wilson, Mowsley, Leicestershire ; William Thomas Hurd Wood, Notting hill ; Charles James Wright, Wakefield.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st inst. :—Roderick William Henderson, Lower Halliford, Middlesex ; Richard Jackson, Birmingham ; William Melville Knipe, Guy's Hospital ; William Cubitt Lucey, Bermondsey ; Philip Brookes Mason, Burton-on-Trent ; William Fred. Ruttledge, London Hospital ; William Yates, Richmond green.

The following gentlemen also on the same day passed their first examination :—William Le Gros Denziloe, St. Mary's Hospital ; William Griffith Jones, Middlesex Hospital ; William John Land, St. Mary's Hospital ; Thomas Charles Murphy, University College ; James Copland Worthington, Middlesex Hospital.

Mr. Fope Hennessy.—The member for King's County, who rendered such good service to the Profession by leading the opposition to the India Medical Service Bill, has already on more than one occasion shown his interest in the Medical profession. It will be remembered that it was his amendment on the Irish Registration Bill that substituted Medical practitioners for the constabulary as registrars. We believe that Mr. Hennessy was educated for the Profession of Medicine, and passed through the classes with considerable distinction.—' Lancet.'

Arrival of Dr. Livingstone.—This distinguished African traveller arrived by the Paris express train at the Charing cross Railway Station on Saturday evening last.

Punishment for Assaulting a Surgeon.—A private of the 1st battalion of the 19th Regiment, stationed at Jullundur in the East Indies, has been sentenced to penal servitude for life for striking an assistant-surgeon in his cell when a prisoner. The sentence has been confirmed by Sir Hugh Rose.

The Wounded Guardsman at Wimbledon and the Volunteer Surgeons.—On Thursday, the 21st, at the camp at Wimbledon, a guardsman, named Thomas Cooper, employed as marker at the butts, unluckily exposed himself and received a ball, which entered an inch and a-half below the angle of the left scapula, passed through the lung, and without perforating, lodged between the cartilages of the third and fourth ribs, where it was wedged in, and could be felt about two inches obliquely above and internal to the left nipple. The man had all the symptoms of wounded lung : collapse, difficult breathing, intense pain, no great bleeding outwardly, some cough, and blood expectorated in frothy fluid mouthfuls. He was brought under the care of Dr. Westmacott, of the London Scottish Volunteers—formerly Surgeon to the New York Artillery, and well-known as an accomplished Surgeon, and as adding the artistic talents of his family to his Professional acquirements—to that gentleman's own tent, where he was soon after seen by Dr. Buzzard, of the Queen's (an old Crimean man) ; Dr. Shepherd, of the Victorias ; Dean, of the Middlesex ; Dr. Halley, of the London Scottish ; and Staff-Surgeon Guinness of the Guards, and others. When Dr. Westmacott had ascertained the facts as above stated, he and his colleagues decided that it would be better to leave the case without any attempt to extract the ball, although they had at hand, with commendable forethought, every instrument for the purpose that modern ingenuity could devise. Emphysema was beginning over the left clavicle and extending to the right. The exploration was made under the use of chloroform, and in view of the apparent hopelessness of the patient, it was continued from time to time to ease his sufferings. Curtis's chlorodyne also was given with good effect, iced water with brandy in abundance was administered, and the patient got through the night with great distress. The next day vomiting came on, but not of blood ; on Saturday retention of urine : a few mouthfuls of dark blood were also expectorated. Surgeon Trotter, Mr. Prescott Hewett, and Surgeon-Major Wyatt were also called in consultation, and in spite of the unpromising aspect of the case, the poor fellow is likely to do well. It is but bare justice to the Volunteer Surgeons, and it ought to be a source of satisfaction to the volunteers and their friends, to state that the former have many experienced Army Surgeons amongst them, and are capable of attending efficiently to every casualty that may occur. They were amply occupied at this review with lesser injuries to the eyes arising from the detonation of Government caps, bruises of the fingers, &c. One death is reported from sunstroke.—' Medical Times and Gazette.'

Dinner of the Apothecaries' Society.—The Annual Herbarizing Dinner of the members of the London Society of Apothecaries was held at the Castle Hotel, at Richmond, on Friday last. This dinner, the cost of which is defrayed by private arrangement among the members themselves, was originally instituted for the purpose of encouraging and promoting the science of botany, by the collection of the indigenous plants growing around the metropolis, but the increase of buildings, and the consequent destruction of the suburban native Flora, have frustrated this design, and the dinner is now perpetuated only for the purpose of maintaining a social feeling among the members of the company, the master and wardens of which usually invite the chiefs of the different Medical and Surgical Departments to meet them on the occasion. Mr. Henry Combe, the Master, occupied the chair, and was supported by Dr. Gibson, the Director-General of the Army Medical Department, Dr. Bryson, the Director-General of the Navy Medical Department, and several representatives of the Royal Colleges of Physicians and Surgeons, among whom were Dr. West, Dr. Basham, Dr. Sibson, Dr. Fraser, Mr. Campbell de Morgan, Mr. Barnard Holt, Mr. Nunn, &c. Dr. Gibson, in responding to the toast of the Army, declared that the Medical Service of the Army was in a state of general efficiency, but he made very little allusion to the questions now pending between the Army Medical Service and the Government. The arrangements made by the stewards in providing the dinner, gave general satisfaction.

Bravery of Army Surgeons in New Zealand.—Sir Duncan Cameron, the General Commanding in New Zealand, in a despatch dated Tauranga, May 3rd, 1864, thus refers to the courage displayed by three medical officers during the recent engagement with the Maories:—"I am much indebted to all the officers commanding and heads of departments for the zeal and activity with which they discharged their respective duties ; but I must particularly mention the valuable services of Deputy Inspector-General Mouat, Surgeon M'Kinnon, 57th Regiment, and Assistant Surgeon Manley, Royal Artillery, who fearlessly exposed themselves to fire in attending to the wounded, the greater part of whom fell close to the enemy's work."

St. Mary's Hospital.—The students of St. Mary's Hospital have recently presented to Mr. G. G. Gascoyen, Assistant-Surgeon and Lecturer on Anatomy at the Hospital and School, a service of plate, inscribed. The testimonial was presented by Mr. Raynes, House-Surgeon, in the board-room, with an appropriate address expres-

sive of the feelings of esteem with which the past and present students regarded the services of Mr. Gascoyen during his tenure of the office of Dean of the School and as a teacher of Anatomy.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUGUST 3.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, AUGUST 4.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, AUGUST 5.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, AUGUST 6.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, AUGUST 8.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUGUST 9.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE OBSTETRICAL SOCIETY OF LONDON.—The report has been received.

DR. ROBERT FOWLER.—The list is inserted.

MR. G. K. PATERSON.—The announcement is inserted.

STUDENS.—The examinations at the College of Surgeons of England are no longer held weekly, but on such occasions as are determined by the authorities. The first examination is always practical, and is conducted upon the dissected subject.

MR. T. H.—The Life Assurance Office in question is a highly respectable one, and the proposed amalgamation consists of the absorption of the other office, which will cease to exist.

DR. TUCKER sends us the following receipt for Mont D'Or water, taken from Beasly's 'General Receipt Book':—

℞ Bicarb. sodæ, gr. 70,
Sulph. ferri, gr. ¾,
Mur. sodæ, gr. 12,
Sulph. sodæ, gr. ¼,
Mur. calcis, gr. iv.,
Mur. magnesiæ, gr. ij.,
Aquæ aeratæ, lb. j. [See page 199.]

Is this correct and genuine?

SUBSCRIPTIONS FOR THE LATE MR. BULL'S FAMILY.

To the Editor of the Medical Circular.

SIR,—The Rev. H. Bromfield acknowledges with thanks the receipt of 5s. in stamps for Mrs. Bull from C.F.G. and J.M.

Blockley Vicarage, July 29, 1864.

MR. B. S.—Podophyllin in the resin of the *Podophyllum peltatum*, of the natural order of Podophyllaceæ. It is very liable to cause griping, and should therefore be combined with hyoscyamus, or extract of Indian hemp.

DR. R. C.—We have noticed the matter among our leading articles.

QUÆSO.—We have heard of the subject alluded to, but do not deem it of sufficient importance to lay before our readers. The conduct of the principal person is quite in accordance with what we should have anticipated.

University College Medical Dinner,

WILLIAM CADGE, Esq., F.R.C.S., in the Chair, will be held on Thursday, NOVEMBER 3rd.

Further particulars will be announced by Advertisement.

J. RUSSELL REYNOLDS, M.D.,
EMANUEL BAKER, } Hon. Secs.

The Medical Baths and Fumigations.

40 GREAT MARLBOROUGH STREET, REGENT STREET, W. Established by Dr. JONATHAN GREEN, 1822.

Chlorine, Sulphur, Mercurial, Fumigations, Hot and Cold Water, Hot Air and Vapour Nitro-Muriatic Acid, Alkaline, Chalybeate, Iodine, Artificial Bareges, Harrogate, and other Baths, constantly ready, or prepared to order.

These baths are highly esteemed, and have been mainly supported now for upwards of forty years, by the goodwill and recommendation of the Profession, as an additional, very effective, and agreeable remedy in chronic disease where internal medicines are inadmissible, or have altogether failed in effect. Imitations having arisen, be particular in the address.

Vapour Bath Apparatus.—Mr. CHANDLER, Anatomical Mechanician, begs to announce that he has been appointed sole Agent, in England, for the Sale and Hire of Dr. LEFEBVRE'S PATENT PORTABLE VAPOUR BATHS. It has been pronounced by the Profession to be the most perfect and effectual means of introducing through the pores of the skin into the body any medical preparation. To be seen in operation at the London Establishment, 66 Berners street, Oxford street.—Inspection invited.

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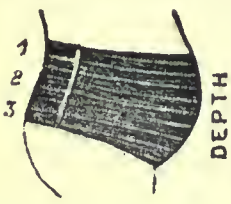

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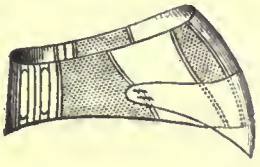

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The Medical Circular.

THE BRITISH MEDICAL ASSOCIATION.

MEETING AT CAMBRIDGE.

The Thirty-second Annual Meeting of the Members of the British Medical Association took place at Cambridge, on Wednesday, Thursday, and Friday last. The University offered every facility by allowing the use of the Arts' School, the Senate-house (for meetings), and two of their colleges for *conversaziones*; while the Town authorities granted the use of the small room at the Guildhall as a reception-room. About 100 gentlemen entered their names in the book at the Town-hall on the first day, and nearly 200 took part in the proceedings from first to last. As might be expected, the Metropolis furnished the greatest contingent; but the provinces were very fairly represented, and some members came from great distances to attend the meeting—as Dr. Laycock, from Edinburgh; Mr. Teale, from Leeds; Dr. W. D. Moore, from Dublin; and Dr. Tillanus, son of the Professor of Surgery in the University of Amsterdam, came as a visitor from Holland, having taken advantage of the new route opened between Rotterdam and Harwich, to pay a visit to Cambridge. Sir Charles Hastings, who was looking very well, was among the earliest arrivals; and the veteran Mr. Propert, the excellent and worthy founder of the Medical Benevolent College, accompanied by a large number of London members, arrived by an early train. Dr. Watson, the President of the London College of Physicians, who was formerly a Fellow of Caius College, intended to be present, but was prevented from doing so, owing to unavoidable circumstances; and Dr. Christison was also prevented from attendance, in consequence of the arrival of a son from India; but Dr. Burrows, the President of the Medical Council, and who is a graduate of Cambridge, arrived on the first day. The members of the Association who were graduates of the University, among whom were Dr. Barclay, Dr. Martin, Dr. Merriman, Dr. Robertson, and others, wore their black academical gowns, but in other respects the costumes were of the usual sombre appearance, affording a somewhat remarkable contrast to the spectacle generally exhibited in University towns on the occasion of great festivals, when the flowing scarlet robes of the Doctors of Divinity, Physic, and Law, and the other insignia of the different academical degrees, add gaiety and variety to the scene, the attraction of which is further enhanced by the costumes of the ladies, who are fond of assembling on such celebrations. On the recent occasion the fair sex appeared but little—perhaps for the best of all reasons, that they were not invited; and, indeed, however attractive some of the objects shown may have been to this interesting section of the community, the display of hysterotomes, cephalotribes, ovariotomy écraseurs, &c., which were plentifully exhibited, might have excited in their minds anything but pleasurable feelings, unless, indeed, they knew nothing of their uses; and "where ignorance is bliss, 'tis folly to be wise."

The proceedings commenced at twelve o'clock, with a meeting of the Committee of Council, in the Arts' School, and at four o'clock in the afternoon, the first general meeting of members took place in the Senate-house, for the purpose of receiving the retiring address of Dr. Symonds, of Clifton, and hearing the address of Dr. Paget, of Cambridge, the President-elect.

Dr. Symonds said it was his duty as well as pleasure to make a few observations—and they should be few, as it was not his intention to encroach upon their time, which was more exclusively due to his successor. Dr. Symonds then alluded to the pleasure it had given him to occupy so honourable and distinguished a position as President of the Association, and to the gratification it must afford them all in meeting under such auspicious circumstances as that of assembling together in this ancient seat of learning. Dr. Symonds referred to the ability of his successor (Dr. Paget), under whose guidance he doubted not but that their meetings would be successful and deserving of the character of the Association. One point to which he would refer was the plan for the formation of establishing a Provident Fund in connection with this Association. He took a warm interest in the scheme, and could not but think that if the Cambridge meeting succeeded in setting on foot such a society, it would meet with encouragement and support from the country at large, while it would be a boon to the Profession. He had now only to bid them a respectful and grateful farewell; he should never forget the honour conferred upon him, nor should he ever forget the kindness with which he was supported while he held the office of President. He was sure they echoed his wishes when he said that he trusted their prosperity would not only be evinced in their happiness but in their influence.

Address of the President.

Dr. Paget then took the President's chair, amidst loud cheers. His first duty was to thank them for the honour they had done him, and his second duty was to bid the Association a hearty welcome to Cambridge. The subject of the President's address was Medicine, as studied at Cambridge, and the Natural Sciences as studied here and elsewhere. The importance of each of these branches of education was fully set forth, the President admitting that Cambridge, as a medical school, had been deficient; in point of numbers, Cambridge had fallen short, but still as regarded proficiency it was held in high repute. In the course of his remarks, elucidating the points adverted to, he said: "To my mind, the necessity for more general instruction in Natural Science needs no further proof, when ladies and gentlemen appear in a court of law to vouch their belief in the supernatural powers of a crystal globe, when those who are called highly educated throng the necromancer's consulting-room to hear disembodied spirits rap on his table; when they daily become the dupes of barefaced quackeries, and, avowing their belief in what is absurd or even impossible, plume themselves on their superiority to prejudice, regard themselves with complacency as walking in the spirit of the age, as being *au courant* with its progress, and class with the persecutors of Galilee those who question the accuracy of their facts, or the logic of their conclusions. Very few men pass through life without repeated occasions for the exercise of scientific knowledge in quest of their own or other people's health, property, or social relations; and according as a man guides himself or submits to guides wisely or unwisely, so is the result for his life, his health, or a great portion of his happiness.

"Whatever may be thought of the enlightenment of the present age," continued Dr. Paget, "there can be no doubt of the readiness and boldness with which it forms or avows its opinions. Far be it from me to question the birthright of an Englishman, to judge of all matters, whether he understands them or not. The right of private judgment is the most precious of civil rights; but it may occasionally make fools of us, when exercised upon questions on which we are uninstructed. Even freedom of thought is not an unmixed good. It stirs a community in all directions—not always in the direction of progress. In the unwise and presumptuous it is often the parent of mischievous errors, that find ready acceptance among the ignorant and indolent, and cost for their removal much time and trouble of wiser men. It is easier to refute errors than to remove them. Ignorance must be instructed, self-sufficiency must become modest, before it can be convinced. I have sometimes fancied that the rapid succession of brilliant discoveries and inventions which has characterised the present age, and should have enlightened it, has actually enhanced its credulity for the pretensions of quackery and imposture; that the unexpected and unimagined achievements of true science have so dazzled the minds of people as to render them more accessible to other marvels, whether true or false, and more ready to yield unquestioning belief in whatever is new and wonderful. As, in times of old, the heroic deeds of a

Hercules or King Arthur led their admiring countrymen to ascribe to them other achievements, not only unreal, but impossible,—or, as in the sixteenth century, when men's minds had been roused and agitated by the spiritual preaching of the Protestant Reformers, a readier credence was given, not to spiritual truths only, but also to spiritual and mystical errors,—then was the time when enthusiasts abounded, whose imagination called up before their eyes every object they desired to see,—then it was that astrology was the most widely spread and most generally studied as an useful science,—then it was that demons were classified, and that witches were burnt in thousands. Then, even self-reliant intellects that had thrown off the yoke of ancient beliefs yielded a ready credence to almost anything which had a spiritual semblance. Melancthon was one of the chief defenders of astrology. Luther attributed diseases to the immediate agency of the devil, and was indignant with the physicians who referred them to natural causes. Paracelsus and Cardan, while shaking the popular faith in ancient physic, rested their own on cabalism and astrology. In the old city of Aberdeen sorcery had lain undiscovered, though the holy clerks of King's College had been there for 100 years, ready at any time to have exorcised it with bell, book, and candle; but in the fourth year after the foundation of Marischal College, and the spiritual teaching of its Protestant professors, twenty-four witches were burnt alive for dancing with the devil around the market cross. As the minds of men in those days, when awakened to new and deep spiritual convictions, were opened also to mystical errors, so in the present day, when startled with scientific wonders beyond their comprehension, do they gape at, and swallow indiscriminately, everything new that is presented to them under the outward guise of science: and this while they are disposed rather to scepticism than credulity in matters of ancient belief.

"Truth, it has often been said, is stranger than fiction. They that use the proverb have commonly in view only the events of history or of social life. But it is equally true, if we compare the established facts of science with the pretended facts of fraud or quackery. If you tell an uninstructed person that you can talk easily and fluently with a friend a thousand miles off, can write to him at that distance in letter or in cipher, whichever he prefers, and that all the help you need is in some pieces of zinc and copper, and some acid and a long piece of wire, and a thing something like the face and hands of a clock; and then tell him that by merely resting your fingers on a table you make it turn round and stand on one leg, and then move of itself about the room; both things may seem to him very strange, very wonder-moving; but surely the truth here must seem stranger than the fiction: to an uninstructed person table-turning must seem at least as credible as electric telegraphy. Or again, if you were to tell him that there are rays of light which give no light: that, when separated from other rays and admitted into a darkened room, they cannot be seen—they give no light, and the room remains as dark as before; and yet, that Professor Stokes has made them visible, has made those dark rays shine and give light in the room, merely by intercepting them with a solution of a salt of quinine contained in an ordinary glass; and if, then, an advocate of homœopathy were to expound to the same hearer his views of the action of medicines, surely the dogmas of Hahnemann (unproved and unsound as we know them to be) may seem to the uninstructed person no more strange or incredible than what you had told him about the rays of light, though the latter be well-assured facts that can be verified at any moment, and are in harmony with the whole body of optical science. It is plain that by no instinct, no common sense, no natural power, can any man discern between truth and untruth in these matters; to the uninstructed in sciences of observation the truth must seem stranger, less credible, than the fiction. It is to this want of special scientific instruction that we must ascribe the popularity of error. For it must be admitted that they who believe the fictions are not all, in a general sense, fools; there are among them prudent statesmen, astute lawyers, faithful ministers, discreet housewives—such as in their several callings we might be content to take as our guides. And yet, because of their want of scientific training, their want of that knowledge which would tell them what it takes to establish a real fact in science, they are unable to distinguish truth from its counterfeit, or to gainsay the pretensions of quackery and imposture.

"How, then, can people be guided to a better judgment in these things? Chiefly by being themselves in some measure instructed in some of the sciences of observation, and then by being taught that, in such things as I have put in contrast, the one set of statements are, and the other are not, founded on careful, repeated, various inquiries by men of special training: that the one set are, and the other set are not, provable by every test to the satisfaction of all who will look on and who are too acute to be deceived: and, finally, that the truths are, and the fictions are not, parts of a system or whole body of sciences.

"But, if we would see to what a height of importance the correct appreciation of science may rise, let us look at its bearings on matters of vital interest to the whole nation. We have an instance, a noble one, in what Sidney Herbert accomplished for the health of the British Army. Till 1857 the mortality in the infantry service at home nearly *doubled* that of the civil population of the corresponding ages. Now it is actually less than half of what it was. This represents the saving of the lives of British soldiers in time of peace. The contrast is even more striking in war, if we compare the mortality from sickness in the two wars in China—the one before, the other after, the introduction of the new regulation; and yet these were little more than well-known sanitary rules applied intelligently by an able and earnest minister. Then, if we turn from what has been done to what has not yet been done, to the report of the sanitary state of our army in India, and the sad reflections it suggests, we may see matters in which the highest political interests of the empire are concerned effected by men of station, as if they had been instructed in sanitary science, or had guided themselves by the advice of others who were. This university had always encouraged its medical students, and might claim honour for upholding the Medical Profession."

In conclusion, Dr. Paget said:—"Let us hope that the educational changes now in progress will aid us in maintaining the dignity which is its due;—that when people are better instructed as to the sciences on which Medicine rests, when they themselves have examined into some part of its broad and firm foundations, they will have a juster appreciation of Medicine itself. Let us hope that Medicine will then receive the respect that is due to it, as the only one of the learned professions which holds its doctrines open to all inquiries, and never condescends to uphold itself on any dogma either of authority or tradition. Let us hope—as we have a right to hope—that Medicine will then be honoured as the Profession in which all discoveries and inventions are offered freely for the benefit of mankind, and in which their concealment for selfish purposes, or their appropriation by patent right, is held to be disgraceful. Till then, if the world deny to our Profession the full honour which we feel and know is due to it, we may be well content with the ordinary round of duties, which are at once our lot and our privilege; we may be content with the internal satisfaction that our time is spent to the best of our ability in doing good to our fellow-men; that we do not rest supinely satisfied with what is imperfect in our science, but are ever earnestly and laboriously seeking for fresh light; and, when God vouchsafes it to our inquiries, we use it gladly in such works as He would have us do—in the relief of human sufferings, in healing the sick, in striving to make the lame walk and the blind see—in earnest endeavours to follow our Divine Exemplar, though it be with the limited powers and faltering steps of human infirmity." The conclusion of the address was followed by loud cheering.

Dr. Humphry rose to propose a vote of thanks to Dr. Symonds, and that he be appointed vice-president. The task which devolved upon him of proposing the first resolution he accepted most willingly, because he knew it would be most cheerfully adopted, and required nothing from him to recommend it. He alluded to the great pleasure he felt

at Bristol at meeting with Dr. Symonds, whom he described as the *beau ideal* of a physician. In him he found a kind, courteous, noble-hearted, and learned man. (Cheers.)

Dr. Symonds returned thanks.

Report of the Council.

Dr. Williams (secretary) read the Report of the Council for 1864, which stated that the total number of members on the books on the 31st of December, 1863, was 2,156; since then, there had been added 266. The total number on the books at this time was 2,422. Since the last meeting, 27 members had died, and among them Mr. Peter Martin, of Reigate.

The Report of the Committee appointed by the Committee of Council of the Association to adjudicate the Hastings Gold Medal for an Essay "On Physiology" was read, and it was announced that Dr. Thudichum was the successful essayist.

Some discussion followed the reading of the Report of the Council respecting the grievances of the Medical Officers of the Army, and also as to the condition of the Poor-law Medical Officers.

Dr. Gibbon, of London, thought that it was exceedingly important the Association should take some steps to show their opinion upon the growing evil of gratuitous medical relief. Hospitals were continually being established ostensibly for the relief of the poor, but in reality were used by persons for whom such institutions were never intended. Dr. Gibbon instanced a case in London, where a firm employing a large number of men peculiarly liable to accidents, paid 300*l.* a-year to a surgeon to attend their men. The manager, a shrewd Scotchman, subscribed 10*l.* a-year to an hospital, and discharged the medical man, sending all their cases there, and boasted to Dr. Gibbon of the saving thus effected.

Dr. Mead, of Newmarket, expressed his regret that, in the Act of Parliament recently passed for granting superannuation allowances to Union officers, the clause limiting such grants to officers whose whole time had been employed in the duties of their offices shut out the whole of the medical officers. It could not be said that they were not entitled to consideration, as it was notorious that many, and generally the most deserving officers, were very needy men. In a recent instance, a gentleman, who he believed had been a member of that Association, being required, in the course of his duty as Union officer, to visit a man in a state of mania, was killed by the patient, and his head actually cut off. Though a very respectable, useful man, his family were left in such a state of poverty that they, but for the benevolent exertions of Mr. Griffin, of Weymouth, would have been unable to bury the body, without parochial assistance; and they had only, by a subscription amongst the members of that Association, been prevented having to seek parochial relief. He thought some provision ought to have been made for medical officers, especially if they became disabled from any cause arising out of the performance of their duties.

Conversazione at Gonville and Caius College.

On Wednesday evening the hall of Gonville and Caius College was thrown open to a conversazione, which was very numerously attended by the members of the Association, and also by many of the resident members of the University. As appropriate exhibitions on the occasion, a portrait of Harvey, by Rembrandt, and a portrait of Dr. Caius, the celebrated physician of the Elizabethan age, and the founder of Caius College, were lent from the Master's Lodge. A very interesting specimen displayed was a skull of the *Bos primigenius*, an extinct species, shown with a flint weapon driven deep into it during life. This very curious object, which appears to prove that the extinct animal in question was coeval with man, and that the flint weapon was used for slaughtering it, was found at Burwell, in Cambridgeshire, only so late as 1863, and is a valuable testimony in favour of those who argue for the great antiquity of the human race. Among the modern discoveries —if it can be called modern, since Dr. Althaus supposes that Moses was acquainted with it—was the *Trichina spiralis*, the parasitic worm of diseased pork, and which Dr. Thudichum was enabled to show in the living state, having fed some rabbits on the pork, and subsequently found the trichina in the muscles of the rabbit. This object excited very great attention, as it deserved to do, for its exhibition when alive has hitherto been very rarely witnessed. Mr. Ernest Hart exhibited, by means of the ophthalmoscope, the retinal arteries in the eye of a living rabbit; and Mr. Ladd demonstrated the vibrations of sonorous bodies by the geometrical forms assumed by grains of sand on a metallic plate, when the latter was made to emit sound by being caused to vibrate by a string. The tables were also covered with an abundance of microscopes, graphoscopes, photographs, telegraphic apparatus, and a very considerable display of surgical instruments. All these objects were inspected, of course, with interest by the professional men present; but many of them seemed to come upon the Divinity Doctors and Fellows with an aspect of complete novelty, as the atmosphere of Cambridge, as yet, abounds rather in the abstract forms of mathematical and physical science, than in their practical applications in the elucidation of physiological and medical problems, or in advancing the arts of life. The conversazione was continued for more than two hours, after which many of the visitors still lingered in conversation under the cool and tranquil midnight air, among the cloisters and courts of the ancient and time-honoured colleges.

THURSDAY.

second general meeting.

The second general meeting was held in the Senate-house on Thursday morning, the President in the chair.

The first business was the presentation to Dr. Thudichum of the Hastings Gold Medal for an Original Essay.

Sir Charles Hastings, the President of the Council of the Association, was called upon by Dr. Paget to present the medal. Sir Charles, in presenting it, said that one of the original objects of the society was to encourage by prizes original research—this it had not yet been able to do, and till this year they had not rewarded any such research. Dr. Thudichum's Essay had won the first Gold Medal given by the Association, and in presenting him with this medal he was not bestowing it on one who had not already made himself prominent in the Profession. Moreover, the three judges who awarded the medal were men than whom more suitable could not have been chosen; and he had it from them that if the investigations of Dr. Thudichum on the new substance in the urine, namely, *urochrome*, turned out to be as conclusive as they appeared to be, its discovery would, in its branch of the science, be the greatest made for many years. Sir Charles Hastings concluded by expressing his pleasure in presenting this medal, and by handing it to the winner of it, who bowed his acknowledgments.

Several papers were then read, followed by discussions, in which many speakers took part; and

Dr. Richardson exhibited an apparatus for the inhalation of oxygen. He said that oxygen, which had been so strongly recommended in the treatment of disease, by Beddoes, Davy, Thornton, and others, had never been fairly tested, from the reason that no means were offered that afforded a ready method of inhalation. The apparatus he (Dr. Richardson) now placed before the meeting was so simple that it could be used after a minute's preparation. Some months ago, Mr. Robins, of Oxford street, London, had discovered a new mode of producing oxygen, by acting, on a produced substance rich in oxygen, with diluted sulphuric acid. Oxygen was in this way evolved in large quantities and for a long time. He, the author, taking advantage of this simple and beautiful method, had devised an apparatus for inhaling the gas. The apparatus consists of two bottles, a connecting tube, and a mouthpiece. The oxygenesis powder placed in one bottle and the diluted sulphuric acid poured upon the powder. The oxygen thus evolved was allowed to pass into the second bottle through a little water, and from the second bottle, to which the mouthpiece was attached, the patient inhaled. After describing the apparatus and showing it in operation,

Dr. Richardson noticed the cases of disease in which he had used oxygen evolved by the method received. He had used it in the later stages of consumption, in asthma, in congestion of lungs, and in uræmia, and with obvious success. His great object, however, was to show to the Association a means by which they might easily and comprehensibly determine the exact value of oxygen as a therapeutic agent.

In the afternoon of Thursday, by the permission of the Provost and Fellows of King's College, there was a full choral service in the College Chapel; and this favour was the more to be appreciated, as there is usually no service in the chapel except in term time. A very large number of members of the association attended this religious ceremony, and many of them had the opportunity, perhaps for the first time, of admiring the wonderful architecture of this beautiful building, and of listening to the sublime music pealed forth from the organ and the choir. It must be stated, however, that the Fellows, perhaps from not being in residence, were conspicuously absent, or if they were present, they wore no insignia of office; and the service was performed by one clergyman, whose mode of intoning was not much admired, assisted by two students, who read the lessons in an inaudible voice. One priest in orders is perhaps enough to intone the afternoon service, but still it would have perhaps been more graceful if a larger number of the Fellows had made their appearance in their ecclesiastical costume.

Meeting of Fellows and Members of the College of Surgeons of England.

At two o'clock a meeting of the Fellows and Members of the Royal College of Surgeons of England met in the Divinity-room at the Arts' School, for the purpose of taking into consideration the propriety of altering the constitution of the College, so as to secure to the provincial members the right to vote by proxy. There was not a large attendance.

Dr. J. Hatton, of Belvedere, hon. secretary, read the notice convening the meeting and the minutes of the Committee meeting, held at the Freemasons' Tavern, on the 7th of July.

The Chairman, in opening the proceedings, said their duty was a very simple one: it was to carry out the objects of the advertisement read, and to obtain an alteration in the constitution of the College, by which members residing at a distance from London would be allowed to vote by proxy.

Dr. Flint asked if the meeting could point to any body in that University or elsewhere as a precedent, and what would be the cost of the charter?

Dr. Hatton said, if the existing charter were wrong, it was perfectly clear that the funds of the College ought to go pay the expenses of another charter.

The Chairman said, as they paid for the last charter, what objection could there be to pay for this?

Mr. Teale (Leeds) doubted whether the time had arrived for taking such strong measures.

Dr. Hatton reminded the meeting of keeping to the point.

Mr. Bottomley (Croydon) considered that they were called upon to take immediate steps: time was an object; and when they thought of the expense, the time, and the inconvenience which provincial members were put to by being required to be present personally, he conceived it to be a very important thing for them to have the right of voting by proxy.

After some further discussion, the following resolution was agreed to:—

"That this meeting requests that the Committee appointed by the preliminary meeting, at the Freemasons' Tavern, be requested to continue their efforts to procure the necessary alteration as to the mode of voting, so that proxies may be introduced."

Address in Medicine.

The Address in Medicine was delivered by Dr. Edward L. Ormerod, Physician to the Sussex County Hospital, who chose for his subject "A Review of the Present State of Cardiac Pathology." Dr. Ormerod arranged his subject under three heads, according as the pericardium, the endocardium, including the valves, or the muscular substance of the heart, is affected. He showed that in the diagnosis of disease of these parts a very great degree of certainty had been attained by means of physical exploration, and that more would probably be accomplished as time advanced. On the subject of fatty degeneration of the heart, Dr. Ormerod observed that the microscope had discovered very accurately the appearances presented in the course of the degeneration, and the substitution of oil-globules for the muscular structures, but the pathological nature of the process was not as yet so well understood. On this point he made some remarks which we shall publish in a future number.

Conversazione at Downing College.

On Thursday evening, the members of the Association were invited by the Master, Professors, and Fellows of Downing College to a conversazione in the College Hall. This College is sometimes called the Junior Medical College, Caius College being the senior; but, in fact, neither of them can be called exclusively Medical Colleges. Although Caius was founded and endowed by a physician, and although many distinguished physicians have been educated there, and two or three scholarships and studentships are given to Medical students, yet there are but few of this class in the College, and no peculiar facilities are offered to the pursuit of Medicine. Downing College was founded very recently, and was opened so lately as 1821, and is so far a Medical College that it has a Professor of Medicine; the other Professor (for there are only two) being the Professor of Law. By a recent charter, this College is to have eight fellowships, six being restricted to Law and Medicine; but at present there are only three Fellows, who, with the Master and the two Professors, constitute the governing body of the College. This College is a kind of anomaly in Cambridge, for although very rich and likely to become richer, it is very little frequented by students, the whole number, we believe, being little more than twenty even in term time. The exterior aspect of the College, too, is entirely different from that of the other Cambridge Colleges; for whereas the latter are ancient, low-roofed, dark, monastic-looking buildings, with somewhat restricted space, except in the case of King's College, Trinity, St. John's, and a few others, Downing occupies a wide and extensive area, with lofty and spacious buildings in a totally modern style, looking more like a nobleman's seat, park, and gardens than a collegiate establishment. It ought in justice to be stated that the authorities of Downing College are endeavouring to make its advantages more extensively known, and its undeniable attractions more generally available to students; and the alumni of the College, few as they are are distinguished for their gentlemanly behaviour and their studious habits, while the cost of living in the building, considering its manifold accommodations, is by no means extravagant. Still, Downing College, with its great revenues, and with the avowed object of its founder (Sir George Downing) to promote the pursuits of law and medicine, might do very much more than it already does to attract students within its walls, and to promote the advancement of natural and moral science.

The conversazione was largely attended, and the hospitality of the Master, Professors, and Fellows was highly appreciated. Mr. Ladd illuminated the beautiful grounds of the College with the electric light, obtained from a Grove's battery consisting of forty pairs of plates, and the effect produced was most brilliant. The hall of the College was filled with objects of interest, and Mr. Deck exhibited some beautiful experiments with Ruhmkorff's induction coil, passing an electrical stream through different gases, in partly exhausted tubes, thus producing various optical phenomena of great beauty. Dr. Thudichum somewhat horrified the lovers of pork, by exhibiting in two pork chops the living *Trichinæ;* but he allayed the apprehensions of the timid by assuring them that the parasite was destroyed by efficient roasting or boiling, and that no danger to human life was to be apprehended if the pork was well cooked.

FRIDAY.

REPORT OF THE COMMITTEE OF THE MEDICAL BENEVOLENT FUND.

The proceedings commenced to-day at ten o'clock with the fourth general meeting of members in the Senate-house, which was attended by 150 members. The President (Dr. Paget) in the chair.

The President announced that the first business would be the reading of the Report of the Committee of the Medical Benevolent Fund, from which we extract the following:

"Although the income of the Fund during the past year has not equalled that of the year 1862-3, the Committee nevertheless have much reason to give a satisfactory and hopeful report of the condition and prospects of their charity.

"In the first place, the diminution in the amount received in donations and subscriptions during the past year may in a measure be ascribed to the circumstance that, in the year 1862-3, considerable sums were received as the result of the appeal issued in the year 1861-2.

"The Committee beg to report that during the year just past, the donation fund has afforded relief to seventy-eight cases of distress, at an expense of 538*l.*, and it also paid 140*l.* to the annuity fund. And they may add, however great and direct has been the alleviation of distress by means of pecuniary aid, they feel that indirectly they have also afforded no slight amount of benefit by enlisting the active sympathies of others in behalf of the distressed, by inducing them to visit the cases and to administer the grants in such ways as were found to be most judicious. The Committee also feel that by not unfrequently making grants conditional upon the co-operation of the friends of the applicants, they have often succeeded in obtaining permanent help to those previously helpless, and almost friendless.

"In the course of the past year the sum of 236*l.* 17s. has been invested for the annuity fund in Bank Stock, making the present income for annuitants amount to 443*l.* 12s. 6d.

"The biennial appeal in place of a public dinner has been prepared, and is to be used immediately.

"The Committee, with a desire to carry out the objects of the fund as efficiently, and at the same time as inexpensively, as possible, have, at the suggestion of your Treasurer, appointed a sub-committee to consider the best mode of working the fund, and to revise its laws. The Committee trust that the effect of the labours of the sub-committee will be apparent in their next report.

"The Committee again thank the Honorary Local Secretaries and the Ladies for their valuable aid; and in conclusion they beg to express their conviction, derived from increased experience, that the principles on which the Medical Benevolent Fund is conducted are the principles of true Christian charity, and they look forward with confidence to its increased success."

The report, upon the motion of Mr. Propert, was adopted.

THE MEDICAL PROVIDENT FUND.

Dr. Richardson, chairman of the committee appointed at Bristol to consider the desirability of establishing a Provident Fund, next read the report of that committee. The report stated that the committee had taken the opinion of Mr. Tidd Pratt in regard to the annuity scheme, and had resolved, after careful consideration, to abandon the idea for the present of giving relief to widows and orphans, and to confine themselves to payments of sick members. It was considered that the number of subscribers to the Provident Fund at starting should not be less than 200; and that the persons joining the society should be actually in good health. The sum of 2*l.* per week could be secured by an annual payment of 3*l.* 9s., to which was to be added a small amount for the working of the Institution. The payment to sick persons would be continued for one year without diminution, and for the next succeeding half-year, the same to terminate at the age of sixty. It would be necessary that members should contribute for one year before entitled to relief. It was thought advisable to obtain a royal charter of incorporation in order to secure the stability of the association, which charter, it was said, would cost from 250*l.* to 300*l.* There was to be nominated a Board of Directors, a few of whom were to be appointed a Committee of Council. The question had arisen whether the advantages should be open to members of the Profession generally, or whether confined to members of the Association alone. No one to be eligible for the fund unless he was positively declared to be incapable of following his Profession.

Dr. Richardson moved the adoption of the report, pointing out its principles, regretting much that, through necessity, the Committee had been compelled to abandon the fund for widows and orphans. He left it to the meeting to decide whether the report was to be adopted or not, by which a great national benefit would be conferred upon a most deserving class of men.

Sir Charles Hastings seconded the report, congratulating the meeting upon having it before them. He could call to mind thirty years ago, when they sought to establish the advantages which the report set forth, but they could not. They, however, indulged a hope that the time would come when they could, by which they could confer benefits in the hour of sickness, and when they were quite incapable of following their Profession. He thought the thanks of the Association were due to the Committee for bringing forward a safe scheme, a good scheme, and a practical scheme, whereby members would, in time of sickness, receive temporary relief. He was extremely anxious to give this measure every support in his power, and was determined, as far as he could, that what action they took should be based upon sound principles. They could not make this provision without consulting some great authority, and in Mr. Tidd Pratt they had just the person, who had had great experience in seeing the difficulties of Friendly Societies, knowing as he did the origin from whence they sprang. He (Sir Charles) urged the Association to adopt the scheme, as affording relief to their brethren in the hour of sickness, believing that the time would come when they must embrace the other two schemes—that of having a fund for the relief of widows and orphans.

The report met with a very lengthened discussion, the principal objection urged against it, and started by Dr. Routh, being the discontinuance of relief at the age of sixty, when it was said relief was most needed.

It seemed to be the opinion of the meeting that the fund should be confined to the members of the Association.

Some members, however, thought they should extend it to the Profession generally, and others urged that 500 subscribers should be secured before establishing the Society. It was also stated that members, before receiving relief, should be declared to be incapable of following their occupation.

Dr. Richardson replied to the whole of the arguments, observing, in the course of his remarks, that the question of terminating relief at the age of sixty could be reconsidered in Committee. It was considered by them that if they could obtain 200 subscribers, the scheme would be workable; if 500, it would be admirable; and if they got 1,000, it would be most successful. Dr. Richardson, at the close of his reply, announced that Dr. Symonds had given in his name for 20 guineas, Sir Charles Hastings for 10 guineas, Dr. Bell for 10 guineas, and the President, Dr. Paget, for 10 guineas.

The report was adopted, and the business continued by Dr. Radcliffe reading his paper on "A Few Words concerning Bantingism;" and Dr. Budd, of Bristol, made a few verbal remarks "On the Rinderpest, or Cattle Plague," illustrated by drawings.

FIFTH GENERAL MEETING.—ADDRESS IN SURGERY.

The address in Surgery was delivered by Dr. HUMPHRY, F.R.S., Surgeon to Addenbrooke's Hospital, Cambridge. He commenced by giving a short account of the history of Surgery, which he spoke of as the elder brother, if not the father, of Medicine, and which was held in high repute in ancient times. He described its early connection with Medicine, the ἰατρος of the Greeks, the "ανηρ πολλων ανταξιος ανδρων," being a general practitioner, and its separation from Medicine in monastic times, when it fell into the hands of

smiths and barbers. Its rise from that low point was slow and gradual to the present time. Dr. Humphry adduced the examples of Cooper, Brodie, Lawrence, Bowman, and Paget, to show that a scientific cultivation of the Profession was the sure road to eminence; and expressed his regret that the distinction of a peerage had not been granted to Sir Benjamin Brodie. Such an honour, he thought, was most truly merited, and would have indicated a proper estimation of the Profession on the part of the public. He thought it most desirable that a larger number of those intended for the Medical Profession should pass through the Universities, believing that a still higher philosophic spirit could thereby be imparted to the Profession, and the tendency of the *auri sacra fames* to lower its tone would be in some measure abated. Many men, he said, highly educated and imbued with a love of science, wander forth from the Universities, not knowing whither to go, or where to direct their energies. "My longing hope and heart's desire for Surgery," said Dr. Humphry, "is, that more of them should be drawn into her service. Some have recently entered, and the good work they have done is full of promise for the future. I cannot but trust that the recent recognition of Surgery in this and some of the other Universities in the United Kingdom will, in course of time, tend to enlist greater numbers of their graduates into our ranks, and will conduce to a more genuine and successful prosecution of our science. Surely the science that deals with the aberrations and the restoration of the noblest and most complicated of Nature's works is no unworthy object for the lifelong energies of the highest mind. It is the very topmost branch of the tree of physical knowledge. True, the very height and complication of our science remove it further than most others from the region of calculation, and deprive it, in some measure, of definiteness and exactness. If, with all the present accuracy and range of mathematics, and knowledge of material, the construction of an iron bridge is still deduced from experiment rather than from calculation, we cannot be surprised that much uncertainty attends the investigation of the functions of the human body, and that the treatment of its disease is often empirical rather than deductive; but this only proves the difficulty of the science, and the need of applying to it the highest powers of the mind strengthened with the best aids of education. I cannot doubt that rich fruit would, in due time, follow from the bestowal upon Medicine and Surgery, and the collateral sciences, in Oxford and Cambridge, of a fair share of that cultivation and favour which are granted with so liberal a hand to the more peculiar studies of these places. I trust that, ere long, this will be done. Physical science is gradually taking more root in these Universities; and it is for you, with your voice and interest, to aid the residents in Oxford and Cambridge to obtain for it, and through it, for our Profession, that *status* and consideration which are its due. That keen and deeply interested observer of passing events, especially of those relating to Science and the Universities, the late Dean Peacock, entered warmly into this view, and said to me, not long before his death, 'I am astonished that your Profession does not look more closely to its interests in our Universities. Depend upon it, it will have reason to regret its apathy. It will assuredly lose ground in position and in public estimation.'"

Dr. Humphry next proceeded to give a review of the more important improvements in Surgery which had taken place in his own time and his own experience. Alluding first to chloroform, he spoke of the benefit resulting from it, in alleviating pain, as pure gain, forasmuch as it had not increased, but rather diminished the dangers of operations and permitted a better and safer performance of them. In Cambridge, he was thankful to say, there had not yet been any fatal result, or any serious ill consequence, from its use. He dilated on the treatment of wounds followed in Addenbrooke's Hospital, by leaving the part quite uncovered with plaster bandage or any other appliance. This he believed to be the *ne plus ultra* of treatment, and was glad to find that the plan was beginning to be adopted in other hospitals. It was far less painful than the ordinary proceedings. Indeed the patients in Addenbrooke's not unfrequently leave the hospital after amputation, and other operations, declaring that they have not experienced one twinge of pain during or after the operation. This anæsthetic treatment of the wound is the proper sequel to the anæsthetic mode of performing operations. After speaking of amputation and lithotomy (in which he did not think there had been very decided improvements), incisions for stricture, and other operations, he referred to excision of joints, giving the results of his own practice, and speaking particularly of excision of the knee, in which his own experience was greater than that of any other person, except Mr. Fergusson. He believed it to be the chief triumph of modern surgery, and rejoiced at this substitute for the horrid mutilation of amputation. He stated in what cases the operation should be performed, combated the objections that had been raised to it, and observed that when it succeeded it left a most useful limb. He was astonished at the unwilling reception the operation had met with among surgeons. He spoke of the practice of subcutaneous incisions, ovariotomy (of which he spoke in terms of limited commendation), and syphilis, remarking that the latter has a close relation to the gregariousness of men, and becomes of increasing frequency, and therefore of increasing importance; and "its persistent vitality, smouldering on from generation to generation, interfering with development and nutrition, imprinting its tell-tale marks upon the teeth, the nose, and other parts, exciting or modifying disease in the organs of sense, the skin, and most of the internal organs, and bursting out in the original sufferer or his descendants in a variety of ways and at protracted periods, have been more clearly shown of late." The mercurial plan of treating the indurated form of this disease is again in the ascendant, and deservedly so, according to Dr. Humphry's experience; but the milder caustics seemed simply to increase the amount of induration, and the more severe ones, even when freely applied, often failed to destroy it. Dr. Humphry was accordingly induced to try the removal of the sore with the knife, and when this operation has been effectually performed, the results have been very satisfactory. "To the *science* of surgery," continued Dr. Humphry, "I need scarcely say that pathology, in all its branches, is the very corner-stone. It is only by a close observation of the manifestations of disease that we can hope to obtain an insight into its real nature. In this work the microscope is doing vast service, opening up new regions of observation and thought, and teaching us more and more of the close connection between pathology and physiology, a connection first fully recognised by Hunter. Through the revelations of the microscope we are seeing more and more clearly that disease is not a thing foreign or additional to the body, so much as an evolution from it; in other words, that it does not consist in new processes, but rather in modifications of the old or natural processes; and, therefore, that the parasitic theory—the theory of the insertion, incubation, and proliferation of exogenous germs—is becoming less and less generally applicable. We learn that inflammation, and many other morbid processes, consist in a plus or minus, with slight variation, of the ordinary circulatory and nutritive processes. We are coming to more sure conclusions, through the researches of Virchow and others, that the pus-cell is but a variation of the areolar or epithelial cytoblast. Moreover, careful observation of the components of cysts and tumours, even of those most destructive in their effects, and apparently most foreign to the ordinary structures, brings out such close resemblance to the natural elements of the body, in their intimate composition and mode of growth, as to confirm the view, propounded some years ago by myself, and probably by others, that they are not new growths or additions, but merely outgrowths, or hypertrophies, with more or less modification, of the natural tissues; in short, that there are no new structures produced in the organism by disease. In the words of a recent writer, 'heterologous tissues have physiological types; and there is no other kind of heterology in morbid structures than the abnormal manner in which they arise as to place, time, and quantity.'"

After alluding, in terms of well-merited encomium, to

the great improvements made in nursing, in consequence of the example and precepts of Miss Nightingale, Dr. Humphry concluded thus: "I think, gentlemen, that the profession of the surgeon is one of peculiar difficulty and anxiety. The requisites—physical and mental—for real success in it are, perhaps, greater than in any other; and our failures are more directly apparent, often more distinctly traceable to ourselves, more startling, more shocking, and, I suspect, more disturbing to peace of mind. But the balances of human happiness are pretty evenly swung; and in the opposite scale we are able to place the satisfaction resulting from a vast amount of suffering prevented, of functions preserved, and life prolonged. This might be enough; but we have also the still greater satisfaction of feeling that, forasmuch as the higher and better part of man—the psychical or moral—is closely connected with, and to some extent dependent upon, the lower or physical, and the perfection of the one has a near relation to the perfection of the other, so a good done to the body has a deeper and more enduring effect than may at first appear. Its influence passes beyond the corporeal and extends into the regions of the spiritual. We are accustomed to speak of the moral advantages and opportunities attendant upon sickness and infirmity; and we do so rightly, for every condition has its opportunities; but I have no question that those attendant upon health and soundness of body are greater. A damaged body is a moral disadvantage. Reason tells us that it should be so; and experience tells us that, on the whole, it is so—that the *mens sana*—using the phrase in its widest and best sense—is most to be found *in corpore sano*. Such a view sets the greatest value upon health, and holds in highest estimation the Profession whose work it is to maintain and to restore health. It shows us that every disease cured and every limb saved is a blot removed from the face of Nature's noblest work, and is a help to man's march along the steep and rugged road to heaven." The termination of the learned and eloquent address delivered by Dr. Humphry was followed by loud and long-continued applause.

The paper announced to be read by Dr. Christison, on Medical Education, was omitted, owing to the unavoidable absence of the distinguished Scotch Professor.

The proceedings of the Association terminated with a dinner in the Hall of Gonville and Caius College. Dr. Paget presided, and there were about 120 gentlemen present, including the Bishop of Ely and the Vice-Chancellor of the University. The dinner was a most sumptuous repast, served up from the College kitchen. The toasts were as usual—loyal, the "University," the "Bishop of Ely," the "Association," the "President," &c., and the utmost good feeling prevailed throughout the evening.

PARISIAN MEDICAL NEWS.

TREATMENT OF ANTHRAX.

The usual practice in carbuncle consists in free incision of the tumour, whether it be divided cross-wise, in imitation of Dupuytren, or by several parallel cuts, as M. Velpeau is in the habit of doing. In all cases surgeons agree that the infiltrated tissues should be thoroughly incised in order to insure a free discharge of all pus and sloughs, an end which is also promoted by the subsequent application of poultices or glycerine liniments. Some practitioners may yet be found who recommend the application of leeches; but if we reflect that anthrax is the result of a debilitating blood-disorder, it is obvious that less benefit is likely to accrue from depletion than from the exhibition of tonics. From this reason, M. Jobert de Lamballe prefers, in very weak subjects, or in cases of malignant anthrax, which advances very rapidly and induces a considerable amount of prostration, cauterisation of the tumour with chloride of zinc troches, to incision, in order to avoid the expenditure of even a few drops of blood.

British surgeons, on the other hand, have endeavoured to replace incision by pressure in the treatment of anthrax, and in Germany iced applications have been much recommended. Messrs. Collis and Smyly have published, in the 'Dublin Quarterly Journal of Medical Science,' a series of cases illustrative of the advantages of methodical pressure. Mr. Smyly states that he tested the comparative merits of both methods of treatment in two patients, in one of whom incision was resorted to, pressure being applied in the other; the former was compelled to keep his bed for three weeks, whereas the latter was up and convalescent in one week. The pressure is applied by means of imbricated strips of adhesive plaster, and is doubtless preferable to premature incision. It presents no dangers and is often successful; and M. Nélaton teaches that no carbuncle should be opened with the knife, and that at each dressing the viscid and fibrinous exudation, and the puriform matter, should be forced out by compression around the base of the tumour. It is, nevertheless, an acknowledged fact, that surgeons in general do not think it right to refrain from active interference.

Incision is the sovereign remedy, and, when dexterously resorted to at the proper time, it is the only means of obviating the formation of abscesses around the mortified structures, which often lead to extensive sloughing and detachment of the skin. This method, however, is extremely painful, and not invariably successful. The Academy of Medicine therefore heard with marked favour a communication on the subject from a surgeon of Hospital Saint-Louis, M. A. Guériu, who advocates subcutaneous incision.

The author began with an historical sketch of the various modes of treatment adopted in anthrax, and, after a comparative estimate of their value, described his own system, consisting in the performance beneath the skin of the operation which formerly involved the integument.

"I insert," said he, "the point of a narrow-bladed bistoury into the centre of the anthrax, causing the knife to glide between the skin and the tumour as far as its margin; and I divide the inflamed parts down to the very basis, until the cessation of resistance indicates that all the hard tissues have been cut through. I thus perform four incisions, diverging from the centre of the anthrax like the spokes of a wheel.

"For the last ten years I have very frequently had recourse to this procedure, and have always succeeded in checking the pain and the further progress of the disease.

"A single incision from one end of the tumour to the other might probably be sufficient, but I prefer the cruciform incision, which, in my opinion, is a useful, moderately painful, and perfectly innocuous operation."

Subcutaneous incisions, in the first place, are not painful, and experience teaches that the skin is generally more sensitive than the subjacent parts. With regard to anæsthetics, they would obviously be improper when symptoms of absorption are present, analogous to those so frequently coincident with carbuncular disease. The application of ice and refrigerants is a further cause of gangrene, and should therefore not be ventured on.

The operation leaves no deformed scar, a considerable advantage when the face is the seat of the disease. In support of this assertion, the author adduced two drawings from nature representing, one, an anthrax which had been freely opened by the surgeon at the end of three months only, and which gave rise to the formation of a round cicatrix more than two inches in diameter; the other, an anthrax of the same dimensions as the first, in which subcutaneous incisions were resorted to, the scar being somewhat smaller in size than a franc-piece.—'Journal of Prac. Med. and Surg.'

New Dispensary at Longton, Staffordshire.—A meeting has been held at Longton, at which the chief bailiff presided, for the purpose of establishing a dispensary. The accomplishment of the object was resolved on, and J. E. Heathcote, Esq., was elected President. In order to give the proposed institution as wide a base as possible, it was determined that the ministers of all denominations, and all the medical practitioners of the town, should be *ex officio* members of the committee.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 10, 1864.

THE MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The Thirty-second Meeting of the British Medical Association, which took place last week at Cambridge, and of which we have given an abstract in another part of our Journal, was perhaps one of the most successful which has ever assembled. The comparatively short distance of Cambridge from the Metropolis, the fame of its University as an ancient and world-renowned seat of learning, the number of public buildings and of museums in which it abounds, all conspired to draw together an unusually large attendance of the Medical Profession, who had every reason to be gratified with the reception they met with from the public authorities, both of the town and the University. Strange as it may appear, considering that Cambridge is only some fifty odd miles distant from London, there were many of our Professional brethren who visited it for the first time in their lives: and to them it must have been an æsthetic treat of the highest order to behold such sights as the classic edifice known as the Fitzwilliam Museum, its exterior marked by the noble and chaste grandeur of Greek architecture, and its interior rich in the treasures of modern and ancient art, both in painting and sculpture;—or the stately Gothic structure and rich ornamentation of King's College Chapel, one of the most superb specimens of ecclesiastical building in the world;—or the numerous Colleges, Halls, Houses, and Churches scattered throughout the town, founded by the munificence of our ancestors, and each rich in historical and antiquarian reminiscences. The weather being exceptionally beautiful, all these objects were seen in the bold relief afforded by a cloudless sky, such as is habitually seen in the favoured lands of Italy and Greece, but which is seldom vouchsafed to our changeable and often gloomy climate.

Those who wished more particularly to inspect the arrangements made for the promotion of Medical study would visit with pleasure the small but valuable collection of anatomy and comparative anatomy brought together by the zeal, diligence, and liberality of the anatomical professors of past and present times, and more especially indebted for its existing condition to the personal labour and munificence of Professor Clark, who, though a veteran anatomist, retains the intellectual vigour of youth combined with the learning and experience of years. That the practical treatment of the sick, and the value of clinical study, are not underrated by the Medical Faculty of Cambridge, is proved by the active operations now in progress for the great enlargement of Addenbrooke's Hospital, which, formerly small and but little adapted for the purpose to which it was designed, will soon cover a large area, and afford ample accommodation both for patients and pupils, and will open to the latter a field for practical instruction inferior in extent to that of few other hospitals.

Those who are acquainted with Cambridge need not be reminded of its extensive and well-arranged Botanic Garden, which owes much to the zeal of the late Professor Henslow; nor, we may add, need botanists in general be reminded that the vicinity of Cambridge, and especially the banks of its beautiful and meandering river, are abundantly stocked with the wild specimens of our indigenous and too often neglected Flora. Those who were not previously acquainted with these attractive features of the locality would derive unexpected pleasure from their contemplation; while those who can read "sermons in stones" need scarcely be informed that the Museums of Geology and Mineralogy at Cambridge, superintended by the venerable and learned Professor Sedgwick, a name respected throughout the civilized world as one of the most accomplished geologists of the age, are among the finest in existence; while the neighbourhood of the town, flat as it is, and apparently uninteresting to the casual observer, is yet rich both in variegated strata of the cretaceous and ante-cretaceous period, and also in fossil remains, among which the fragments of the iguanodon, the extinct gigantic reptile of the greensand, are pre-eminently conspicuous.

But passing from such sublime objects of contemplation as the superposition of geological strata and the structure of perished organisms, and descending to the more prosaic features of the meeting of the British Medical Association, we must observe in general terms that the proceedings were marked by the utmost good feeling and unanimity, the absence of which at former gatherings we have had occasion to regret. No controversial matters distracted the attention of the meeting, or drew off its members into hostile camps; all seemed actuated by the desire of making themselves happy and of making others happy, and if any disagreement existed, it seemed rather to be caused by the anxiety to outstrip each other in carrying out measures for the benefit of the Profession. Thus, upon the question of the Army Medical Department, the grievances of which, as is too well-known, remain still unredressed, some little difference of opinion arose as to the language to be employed by the Association in addressing the Government, but no difference existed as to the necessity of a change of feeling on the part of the Horse Guards towards our brethren of the Army. It must be mentioned, however, *en parenthèse*, that Dr. Wood, who spoke upon the subject, considered both that the grievances of the Army Medical Officers were somewhat exaggerated, and that the Director-General was using his best endeavours to remove just grounds of complaint. It was mentioned, in reference to the latter point, that the objectionable custom of ordering the Medical Officer to superintend the branding of deserters had been, or was about to be, discontinued, or very materially modified.

As to the Poor-law Medical Service, in reference to which we think that the British Medical Association might and ought to take a much more active part than it does, the Report of the Council is emphatically brief, merely acknowledging the praiseworthy and indefatigable efforts of Mr. Griffin and his fellow-workers, and expressing

the fact that the only boon accorded to their representations was the questionable concession of causing the Guardians of Unions to supply some of the more costly medicines at the public expense. A superannuation clause was passed in connexion with some late Poor-law changes, but the proposal to include the Medical Officers in the provisions of this clause was deliberately negatived during the progress of the Bill through Parliament. Thus, although a Medical man may have served during the greater part of his life in the Poor-law Service, and even although he may have contracted illness, *or have met with his death* (which has actually occurred), in consequence of that service, he or his relatives have no claim to compensation at the hands of the Guardians. It may, indeed, be said, that Medical men ought to lay up a provision for adversity, or insure their lives in case of their death; but how can many of them do so, upon the miserable pittances doled out to them in most of the Unions?

It was expected that an animated discussion would have arisen on the subject of Medical education, Dr. Christison having promised to read a paper on that subject. The systems of Medical education pursued respectively at Edinburgh and Cambridge are so widely different that it would have been interesting to listen to the arguments of the veteran Professor of the former city, pleading the cause of Scotch University Medical education against that which is carried out at the English University. But Dr. Christison was prevented, by family circumstances, from appearing at the meeting, and great disappointment was felt at his non-arrival.

The question of finance seems to be one which always puzzles the British Medical Association, and on the present occasion the account of the receipts and expenditure is even more unsatisfactory than usual. Although a balance of 221*l.* and odd was carried over from 1862, the present balance-sheet exhibits a deficit of rather more than 8*l.*, the real deficiency being, therefore, nearly 230*l.*, and there does not appear to have been any unusual pressure on the funds to explain this unfavourable result. It is, indeed, attributed to the issue of an extra number of the Journal, involving a cost of more than 134*l.*, and it seems that the salaries of the last year amounted to a higher sum than in the previous year. The expenditure upon the Journal, as usual, is the heaviest item in the account, and before this all the other expenses shrink into comparative insignificance. In fact, out of an expenditure of 2,985*l.*, only 267*l.* odd have been incurred for executive expenses, the rest, or 2,718*l.*, having been expended upon the weekly publication.

During the past year, it does not appear that any rewards have been accorded to scientific discoveries; for, although the "Hastings Prize" has been put up for competition three times, it is only in the present year that any essay has been considered by the adjudicators of the reward of sufficient merit to deserve the prize. It consists of a gold medal of the value of twenty guineas, and is named the "Hastings Medal," in honour of the founder of the Association. The recipient was Dr. Thudichum, the subject of whose prize essay is *Urochrome*, a substance which he believes to be the colouring matter of the urine, and which he has named accordingly. The peculiarity of Dr. Thudichum's views is that the colouring matter of the urine is a distinct substance of a yellow colour, and not derived from the combination of other principles.

The only disadvantage, if such it could be called, under which the British Medical Association might be said to labour at the meeting just passed, was the absence of a great number of those who habitually reside at Cambridge, but who, in consequence of the long vacation, were scattered in various directions. But this could hardly be considered as detracting much, if at all, from a meeting of Medical practitioners, inasmuch as the local Medical men were all at their posts, and the absence of the usual occupants of the Colleges enabled the heads of those establishments to accommodate many of their visitors with apartments within the College walls.

It would be ungrateful if any of those who visited Cambridge last week were unmindful of the splendid hospitality of which they were partakers. At Gonville and Caius College a conversazione was given by the Master and Fellows on Wednesday evening, when not only the intellect was gratified by the objects of interest displayed, but the commissariat was supplied with a liberality which must have taxed somewhat heavily the *cuisine* of that establishment, pre-eminent, even among Cambridge colleges, for the excellence of its cheer. The same liberality was shown the succeeding night by the Master, Professors, and Fellows of Downing College; and many of the other Colleges dispensed the hospitality of their dinner-tables with an unsparing hand. Above all, it must not be forgotten that the President of the Association for the present year, Dr. G. E. Paget, threw his house open to the reception of numerous friends and members of the Association; and that both he and Dr. Humphry, the Professor of Surgery in the University, entertained their visitors in a style which may justly be termed princely and munificent. The presence of Mrs. Paget and Mrs. Humphry at the festive boards was considered as an unwonted and graceful mark of kindness and affability, and lent an additional charm to the entertainments.

MEDICAL EDUCATION AT CAMBRIDGE.

The recent meeting of the British Medical Association at Cambridge has introduced, in a more forcible manner, perhaps, than before, the claims of the University of Cambridge to the title of a Medical School; and the personal opportunity afforded to many members of the Profession in inspecting the arrangements for carrying out a course of Medical study at this ancient seat of learning, has materially tended to produce a favourable impression. But the views entertained by the University authorities as to the course of education to be pursued by the students, and the mode in which these views are carried out, differ so materially from those generally held and practised at the ordi-

nary Schools of Medicine, that a few observations on the peculiar features of the Cambridge system will not be considered out of place on the present occasion.

The plan of Medical education hitherto very generally adopted has been to place a youth in the first instance with a practitioner having opportunities for instruction, or at an hospital or Medical School, and then to allow him to proceed continuously with his Medical studies until he has passed his examinations, which he is able to do at the age of twenty-one. Somewhat recently it has been made compulsory on all Medical students to pass a preliminary examination in General Literature and Science, before they commence their actual Medical studies, and the preparation for this preliminary test has been justly considered equivalent or superior to the former system of practical instruction in Pharmacy and the minor operations of Surgery. In order, however, that the student should have completed his whole course of education by the age of twenty-one, the preliminary examination must be passed at seventeen, thus allowing four years for the professional curriculum.

But at Cambridge the preliminary education has always been regarded as of paramount importance; and so much was this once the case, that at no distant time from the present, it was considered essential for the student to spend at least three years in the study of classics and mathematics, until he passed the degree of Bachelor of Arts, after which he might begin his Medical studies, either at Cambridge or elsewhere; and in due course of time he might present himself to his Alma Mater and take a degree in Medicine. All these proceedings protracted the duration of his education to such an extent, that the Medical degree could not be obtained until the candidate had arrived at the age of twenty-four or twenty-five.

But by the recent regulations of the University this period has been considerably abbreviated in the case of the students of Medicine; and it is no longer necessary for them to proceed to the degree of Bachelor of Arts before they commence their Medical studies. They are only required to pass what is called the Previous Examination, technically known in Cambridge as the "Little-go," and then they may begin at once the Study of Medicine and the collateral Sciences. The time required to pass this previous examination is about five terms, equivalent to a period of somewhere about a year and a-half; and when this is passed, the pupil may, if he so pleases, proceed to the study of Medicine while still at Cambridge. In order further to encourage the pursuit of the natural sciences at the University, the candidate may take a degree in that department, instead of in the ordinary subjects of classics and mathematics; and this course is beneficial to him, not only as an exercise of the mind, but also as a necessary preparation for his purely Medical and Surgical pursuits. The subjects on which he is examined in what is called the Natural Science Tripos, are Chemistry, Botany, Physiology, and Comparative Anatomy, and success in this degree exempts him from ny necessity of taking a degree in arts, and also exempts him from being examined further in these collateral branches of science when he subsequently proceeds to the degree of Bachelor of Medicine, or Master in Surgery.

The University now possesses adequate means of teaching all the subjects, both general and practical, which are required by the Medical student, although it recommends that a part of the curriculum should be followed away from Cambridge, as it is considered expedient that a student of Medicine and Surgery should see a variety of practice, and thus learn to form independent views of the nature and theory of diseases, and of their successful treatment. There are sufficient provisions at Cambridge for teaching practical anatomy, the supply of subjects being adequate during the winter months, and the dissections being superintended and directed by a demonstrator, as well as by Dr. Humphry, the Professor of Surgery. Chemistry is taught efficiently by the Professor of that science, who gives oral lectures; but what is of much more importance, the students are taught to manipulate for themselves in the laboratory, under the superintendence of a teacher, and private tutors on this and kindred subjects may be obtained by the Medical student. The Museum of Anatomy and Comparative Anatomy is rich in specimens, and may be made to assist most materially in the acquisition of knowledge.

The hospital practice is necessarily confined to that of Addenbrooke's Hospital, which is now undergoing an extensive renovation and enlargement, and will become in course of time one of the best of our provincial hospitals. To the exertions of Dr. Humphry, the distinguished Professor of Surgery, Addenbrooke's Hospital owes much of its present efficiency, and under his care and that of the other Medical Officers, it will doubtless retain and augment its character, which is already deservedly high.

If we might hint a defect in the existing arrangement for Medical study at Cambridge, it is, that sufficient inducement and encouragement are not yet offered to Medical students for the pursuit of Medicine within the University. Under present circumstances, a residence at Cambridge, such as is requisite for the attainment of a Medical degree, is undoubtedly attended with too great an expense to be within the reach of the ordinary run of Medical aspirants, and it is only by multiplying the number of scholarships and studentships in Natural Science that this evil can be remedied. The University, indeed, is not rich, but the Colleges are enormously so, and some of them are growing richer every day. One of the principal objects of the founders of the Colleges was the encouragement of learning; and now that natural science has assumed an equal—some think a superior—rank to classics and mathematics, it is only fair that the former should receive its due share of the good things of the Colleges, which have hitherto conferred their favours almost exclusively on the latter.

Diphtheria amongst Medical Practitioners. — M. Pagès, a medical practitioner of Paris, has just died of diphtheria, taken from a patient affected with that disease whom the deceased was attending.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

There was placed on the operating table a patient who for some time had been suffering from disease of the phalangeal articulation of the fourth finger, which had extended itself so far as to have involved the tendon.

Mr. Holt, under whose care the man had placed himself, was at first undecided whether he should remove the affected joint only, or amputate the entire member. Taking into consideration the facts, that the recovery from excision of the joint might be of a longer duration than the patient could afford, that the man belonged to the labouring classes, and that he was not, therefore, very anxious about the appearance of the hand, Mr. Holt determined upon amputation of the entire finger; and, in order to give as sightly an appearance as possible, he decided to include in the amputation the head of the metacarpal bone. By thus fashioning that bone, he gave a comely shape to the hand, at the same time not interfering much with its powers of prehension and adaptability to manual labour.

The point of the knife was entered posteriorly, and the ovoid form of operation performed, by sweeping the instrument from behind forwards—that is, from the dorsum of the hand to its palmar surface—where, however, the incision was not very much prolonged downwards, lest the palmar arch of arteries should have been wounded.

Mr. Holt took occasion to mention that, had the forefinger been the seat of the articular disease, he would then have made trial of the excision of the joint engaged in the disease, so as to save, if at all possible, such an important member as that finger is, and thus maintain, even though it was in a partial state of integrity, the natural antagonistic force of the thumb.

When the finger and the head of the metacarpal bone were both removed, the bleeding vessel was tied, and the cut surfaces brought together by means of strips of wetted lint; over these was placed the bandage ordinarily used in these cases.

The next patient for operation was a man who had some time previously got an abscess of the rectum, which, bursting externally, and discharging itself at the point of aperture, had resulted in a fistula. The cause of all this mischief was, on a careful examination, ascertained to be a certain small foreign body, the exact nature of which could not be diagnosed for a certainty.

Mr. Holt passed a probe into the fistula to discover its course, and the manner in which it terminated. Having determined these points, he then introduced the blunt-ended bistoury, and cutting from without inwards—that is, from the external opening towards the rectum—came down on a small, sharp-pointed, and sharp-edged, hard substance, which, on removal from the site where it had been imbedded, proved to be a piece of the bone of some animal. It was not unlikely that this fragment of bone had been swallowed, and had passed through all the intestines until it had worked its way into the rectum, where, becoming fixed, it had then insinuated itself through the coats of the bowel. Lodged in this situation, it had created a very great amount of irritation and disturbance of the parts in its vicinage, and had ultimately led to the formation of pus and of abscesses; when these had burst, the tissues surrounding them having, by the long-continued presence of the foreign body, been stimulated to unhealthy action, assumed such a peculiar condition that union of the walls of the abscesses, and of the channels leading from them, was utterly impracticable, and fistulous openings were the result.

After the removal of the bone, the wound was plugged with oiled lint, and the dressing kept in its place by means of the perinæal bandage.

In this case no chloroform was administered.

Under the care of Mr. Brooks were some interesting cases:—One was a woman of about thirty-five years of age, who had been suffering from a tumour of the upper maxilla of the left side. The mode of operation which had been adopted for its removal was that in which the incision is commenced at the lower border of the red margin of the upper lip, extended upwards from this point along the entire length of the lip towards the septum nasi and underneath the ala nasi of the left side, then parallel with the outside of the nose, and finally along the lower eyelid as far out as may be necessary for the removal of the portions of the bones of the face which may be involved in the disease that demands the operation.

No unfavourable symptom had manifested itself at any time after the operation, although several days had already elapsed since its performance; the discharge was as might be expected, considering the healthy condition of the wound.

The operation was, so far, crowned with success; and there was no appearance of any sign which would indicate other than a favourable termination.

There was, under the care of Mr. Brooks, another patient who had met with a fall, and in the act of falling had knocked the right breast against a chair; as a consequence of the occurrence, matter had formed in the mammæ and in the leg immediately below the knee-joint. This latter might, at a superficial glance, be supposed to be in connection with the synovial cavity of the joint in question, but a careful manipulation showed it to be totally unconnected, and to be an isolated collection of some kind of fluid, the exact nature of which could not be yet determined. An incision was made into it by Mr. Heath and there issued from it a serosanguinolent fluid in which were some clots of dark blood, and which had attained a pretty considerable degree of firmness. The pain and tenderness, which before the operation were rather severe and excessive, became immediately after diminished, and the sufferer declared herself to be very much relieved.

When the sac had been emptied of its contents, a compress of lint was placed upon the wound—its size corresponded, as nearly as possible, with the area of the tumour that had been opened—and over it were rolled the folds of a bandage. In this manner the air was completely excluded, and the surfaces of the sac brought into contact, and held in apposition.

In the male ward was a patient with a wound on the inside of the left knee-joint, with which, however, it did not communicate; the joint was a good deal swollen, and had from the first sympathised with the wound.

The matter flowed away in great abundance, and pressure on the lower part of the thigh, immediately above the patella, caused an effusion of pus through the external aperture, which was really surprising as to its large amount.

The treatment adopted for the limb itself was the keeping of it in a straight splint, and bandaging it both above and below the seat of the purulent collection, so as to prevent, as far as possible, any burrowing of the matter among the different muscles.

Attendant upon this local condition of parts was a low form of hectic fever.

The general treatment was such as the low state of the patient required, and food, as digestible and nutritious as the stomach would tolerate, was prescribed.

The wound was not either deep or extensive, yet it had occasioned all the mischief which we have described, and the instrument with which it had been made was at the time of the accident clean and sharp-edged.

The man had been cutting wood with a wood-hatchet, and having missed his blow, struck himself upon the spot which had been wounded, and so inflicted the injury.

We remember a case, in some of its features not unlike the one now under consideration; it occurred in one of the Dublin hospitals. The patient, a man about the middle age, was attempting to drive a nail into its berth in a piece of wood, which he held tightly between his thighs; he struck the nail; at the blow it slipped from the wood and entered the soft part of the inside of the thigh, a little distance above the patella. The nail happened to be rusty; and its entrance into the muscles and other tissues created in them an immense amount of irritation, and caused to be formed an abundant quantity of purulent matter. The question of amputation was at one time considered, and its propriety well weighed and discussed; but it was deemed to be unnecessary at the time, as it was hoped that the good

health enjoyed by the patient would prove adequate to meet the exigencies and emergencies of the case.

The operation was delayed; hectic, dependent upon the general irritation and upon the profuse discharge, set in; the discharge became unhealthy, consequent on the deterioration of health; the time for removal of the limb had passed away, and the patient sank and died.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

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No. XXIII.

SOLUTION OF PERSULPHATE OF IRON.—This solution is contained in Appendix A; it is therefore only intended to be used for preparing the other compounds of iron. Its introduction in this manner, as a distinct preparation, has no doubt simplified the description of several processes; thus, the directions of the British Pharmacopœia for making the potassio-tartrate of iron, or ferrum tartaratum, as it is now styled, appear somewhat less complicated than did those given by the London College. But although the existence of this definite solution of ferric salt may facilitate description, it is questionable whether its use will be convenient in practice; probably the operator will prefer to peroxidise at the moment the amount of iron salt he is going to use, rather than make and keep a liquor of fixed strength, such as the Pharmacopœia orders.

Persulphate of iron is prepared by dissolving eight ounces of proto-sulphate of iron in ten ounces of water, mixed with six drachms of sulphuric acid, with the aid of heat, and then adding four drachms of nitric acid diluted with two ounces of water. On the first addition of the nitric acid, the mixture becomes perfectly black, and very little, if any, effervescence takes place; but when sufficient acid is present, and the mixture boils, a sudden disengagement of ruddy fumes takes place, the black tint disappears, and the liquid assumes a red colour. When this has occurred, the Pharmacopœia directs a drop of the solution to be taken out and tested with ferridcyanide of potassium; if a blue precipitate forms, more nitric acid should be added, and the boiling renewed, but if not, then it is an indication that all the iron has been peroxidised. It then only remains to bring the solution to the bulk of eleven ounces.

To convert proto-sulphate of iron into persulphate, it is necessary to add to each equivalent of the proto-salt half an equivalent of oxygen and half an equivalent of sulphuric acid. In the process just described, the oxygen is derived from the nitric acid, and the sulphuric acid is previously added to the solution of the proto-sulphate. The reaction which occurs may be thus represented:—

$$6\,(Fe\,O,\,SO_3) + 3\,SO_3 + NO_5 = 3\,(Fe_2\,O_3\,3\,SO_3) + NO_2$$

The black colour which the liquid assumes in the first part of the process is due to a secondary action. A portion of the nitric acid first added, attacking a portion of the proto-sulphate, reacts according to the equation just given; but the binoxide of nitrogen (NO_2) liberated, combines with some of the yet untouched proto-salt, forming a deep black liquid; and it is not till the boiling temperature is reached, that the remaining nitric acid attacks the proto-salt which is combined with the nitric oxide, converting it into persalt, and simultaneously liberating the whole of the binoxide of nitrogen which has been formed.

The Pharmacopœia describes this solution as a viscid liquid of a dark red colour, inodorous, very astringent, and miscible in all proportions with alcohol and water. Diluted with ten volumes of water, it gives a white precipitate with chloride of barium, and a blue precipitate with the ferrocyanide, but not with the ferridcyanide of potassium. It has a specific gravity 1·441. One fluid drachm, diluted with two fluid ounces of distilled water, gives, upon the addition of an excess of ammonia, a precipitate, which, when well washed and incinerated, weighs 11·44 grains.

Persulphate of iron is uncrystallisable. By evaporating the solution to dryness, it may be obtained as a yellowish-white powder; it is very difficult, however, to get rid by this means of the excess of acid and remains of nitrous compounds which were present in the liquid, consequently the dry persulphate is usually a very indefinite body, and, being deliquescent, is an inconvenient thing to preserve or use. The compilers of the Pharmacopœia have therefore very judiciously adopted a solution of fixed strength.

LIQUOR FERRI PERCHLORIDI.—The process of the British Pharmacopœia for the preparation of a solution of perchloride of iron is similar to the one which was given by the Dublin College. It is perhaps the best method for pharmaceutical purposes, although it does not yield a pure compound. Unfortunately, however, there is a fault in the directions given, and consequently the product is not what was intended, nor does it resemble the description given of it.

To prepare the liquor, we are instructed to dissolve two ounces of iron wire in ten ounces of hydrochloric acid, diluted with five ounces of water, using a gentle heat towards the end of the action. When the metal has dissolved, six drachms of nitric acid mixed with two ounces of water are to be added to the solution, and the whole evaporated until the bulk is reduced to ten ounces. Following these instructions literally, the product is found to be a dark-coloured liquid, still containing some protosalt and nitric acid. This result is due to the use of an insufficient quantity of hydrochloric acid; if two or three ounces more than is ordered of this acid be employed, the evaporation being still continued to the same point, a perfectly satisfactory product is obtained.

By dissolving the iron wire in hydrochloric acid, a protochloride of iron is obtained.

$$Fe + H\,Cl = Fe\,Cl + H.$$

To convert this protochloride into perchloride by means of nitric acid, there must be free hydrochloric acid present. A portion of the oxygen from the nitric acid then unites with the hydrogen of the hydrochloric acid to form water, thereby liberating chlorine, which combines with the protochloride of iron to form the perchloride.

$$6\,(Fe\,Cl) + 3\,H\,Cl + NO_3 = 3\,(Fe_2\,Cl_3) + 3\,H\,O + NO_2.$$

The Pharmacopœia proportions do not allow sufficient hydrochloric acid for the completion of this latter reaction.

The liquor thus prepared will probably always contain a little nitric or nitrous acid, or else some excess of hydrochloric acid. We regard it, nevertheless, as an improvement upon the method of the London College. The process may be easily conducted, and the product uniformly obtained of definite strength. When perchloride of iron is made by dissolving the sesquioxide in hydrochloric acid, more uncertainty prevails. All then depends on the condition of the oxide of iron; if it is in a very soluble condition, then a portion may be dissolved by the chloride of iron itself, forming an oxichloride which afterwards separates out from the tincture forming a muddy deposit; if, on the other hand, the oxide is in an insoluble condition then either a portion of the oxide remains undissolved, or an excess of acid must be used.

Perchloride of iron may be obtained in the crystalline anhydrous condition, by passing dry chlorine gas over warm iron, in the form of nails or wire, and afterwards subliming the chloride formed. In this state it is exceedingly definite, but it is very deliquescent and somewhat difficult to preserve. By evaporating a solution of perchloride of iron to a syrupy condition, and then setting it aside, warty masses of confused crystals separate out; the solution may, indeed, ultimately dry up, and furnish the chloride in a solid mass, but it cannot be said that in this condition it is a very definite body.

The liquor ferri perchloridi is described in the Materia

Medica as an orange-brown solution, without smell, but possessing a strong styptic taste; miscible in all proportions with water and alcohol. Diluted with water, it is precipitated white by nitrate of silver, and blue by ferrocyanide, but not with the ferridcyanide of potassium. It has a specific gravity 1·338. A fluid drachm, diluted with two fluid ounces of water, gives, with an excess of ammonia a reddish brown precipitate, which when well washed and incinerated weighs 15·62 grs.

Tinctura Ferri Perchloridi.—This tincture is made by mixing five ounces of the liquor ferri perchloridi, just described, with fifteen ounces of rectified spirit. It has a specific gravity 0·992. Two objections were generally urged against the tincture of the London Pharmacopœia: 1st, that it varied greatly in strength; and 2nd, that it deposited and became turbid. The tincture of the British Pharmacopœia appears to be free from either of these faults.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 28th ult.:—Frank Argles, Maidstone; Alfred Brend, L.S.A., Bideford, Devon; Vaughan Carnley, Hull; Thomas John Colman, Bristol; Edward Napier Dibb, Sheffield; Allen Fennings, Islington; Albert Field, Bradford; Peter Hume Gentle, M.D. Edin., Inverness; Philip Edward Hill, Cardiff; John Comyns Leach, Crediton; Edward Kelsal Lever, L.S.A., Rochester terrace, Camden town; Edmund Nash, Kensington; Charles Vincent Newstead, Otley, Yorkshire; Philip George Philps, L.S.A., Bayswater; Llewellyn Powell, New Zealand; Henry William Pullan, Epworth, near Bawtry; William Sheldon, M.D. Edin., Stratford-on-Avon; William Porter Somerset, Claydon, Bucks; Francis Thomas Taylor, Deptford; George Herbert Whidborne, Guildford street; John R. Woodcock, Manchester.

The following gentlemen were admitted members on the 29th ult.:—Henry Arnott, Cheltenham; Edward Carpenter, L.S.A., Lambeth; Griffith Llewellyn Carreg, Carnarvon; Petras Constantinides, M.B., Canada; Isaiah De Zouche, Pennsylvania; Edward Thomas Charles Ellis, Bexley Heath; Alfred Paget Evans, L.S.A., West Bromwich; Thomas Prince Fothergill, Bedale, Yorkshire; John Martin Fraser, M.D., Canada; Thomas Hinchcliff Haigh, L.S.A., Huddersfield; Charles Albert Hingston, Plymouth; John William Jones, Bangor; James Kelly, M.D., Clare, Ireland; Benjamin Locking, Hull; Andrew Allen M'Clure, Pennsylvania; Fenwick Metcalf, Wisbeach; Richard Lewis Shone, L.S.A., Great Marlow; William Booth Swann, Leeds; Richard Talbot, Limehouse.

The following gentlemen were admitted members on the 30th ult., being the last meeting of the Court of Examiners for the present session:—John William Devereux Bain, Blackwall; Byron Bluvitt, Algiers; William Hicks Bryant, Plymouth; Thomas George Palmer Hallett, Langport, Somerset; James Ledingham, M.D., Aberdeen; Reuben Zaccheus Miller, Richmond; Charles Peyton Moretou, Leitrim; Robert Nasmyth, Edinburgh; William Powles, Strand.

University of London.—The following is a list of candidates who passed the examination indicated:—

Bachelor of Medicine. Preliminary Scientific Examination. *First Division.*—*Bushell Anningson, King's College; Frederic Charles Bennett, private study; Edward William Berridge, St. Bartholomew's Hospital; William Turbeville Buckle, King's College; Joseph Priestnall Cheetham, Guy's Hospital; *John Reuben Bathurst Dove, London Hospital; Alexander Paull Fiddian, private tuition; William James Garrett, St. Bartholomew's Hospital; *William Betts Giles, Guy's Hospital; William Richard Gowers, University College; George Arthur Kenyon, St. George's Hospital; Albert Kisch, St. Thomas's and London Hospitals; Thomas Richardson Loy, University College; *Jeremiah M'Carthy, M.A. Dublin, Dublin University; Francis John Marshall, St. Mary's Hospital; Bennett May, Sydenham College, Birmingham; Henry Morris, Guy's Hospital; Henry Franklin Parsons, St. Mary's Hospital; George Rolph Raine, Guy's Hospital; William Alsept Richards, King's College; *William Benjamin Archibald Scott, University College; *Thomas Claye Shaw, King's College; Frederick Taylor, Guy's Hospital; George Alfred Thomas, St. Bartholomew's Hospital; William Thomas, Queen's College, Birmingham; William Knight Treves, St. Thomas's Hospital; Joseph Williams, St. Thomas's Hospital; Charles Romley Alder Wright, Owen's College. *Second Division*—Edward Homfray Addenbrooke, General Hospital, Birmingham; *John Bonus, University College; Herbert Goldenham Budd, Guy's Hospital; William Richard Cortis, Guy's Hospital; *Stanley Thomas Courtney, St. George's Hospital; Edward Bowles Crowfoot, St. Bartholomew's Hospital; Walter Greene, Guy's Hospital; Frederick Harry Haynes, St. Bartholomew's Hospital; *John James, University College; John Wreford Langmore, University College; Richmond Leigh, Liverpool Infirmary; Gysbert Henry Maasdorp, University College; *Duncan M'Lachlan Maclure (nonmatr.), Westminster Hospital; Henry Flamank Marshall, Sydenham College, Birmingham; Arthur Walter Read, General Hospital, Birmingham; George Rootes, Guy's Hospital; Edward Hepburne Seccombe, King's College; Herbert Lumley Snow, Queen's College, Birmingham; James Reginald Stocker, Guy's Hospital; John Sanderson Wyman, General Hospital, Birmingham.

* Chemistry and Botany only.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 28th ult.:—Frederick Arthur Best, Cambridge street, Hyde park; George Arthur Brown, Welchpool, Montgomeryshire; James Cotton Byles, Victoria park road, Hackney; Alfred Paget Evans, West Bromwich; Thomas Hinchliffe Haigh, Golcar, near Huddersfield; John Foulkes Jones, Dolgelly, North Wales; Michael Drury Lavin, Bushey, Herts; Frederick George Lawrence, Malmesbury; George Richard Lawrence, Wantage, Berks; James Hamilton Martin, Tregony, Cornwall; Griffith Davies Morris, Dyffryn, North Wales; John Roy Quick, Old Kent road; James Taylor, Chapel-en-le-Frith, Derbyshire; John Sydney Turner, Guy's Hospital; William Frederick Watts, Dewsbury; Allen Wearing, Lancaster.

The following gentlemen also on the same day passed their first examination:—Otha Windsor Berry, Charing-cross Hospital; Henry Clothier, University College; Frederick Flint, King's College; Nathaniel Thomas John Haydon, St. Mary's Hospital; John William Hembrough, St. Bartholomew's Hospital; John Pearson Hughes, University College; William Joseph Marsh, Guy's Hospital; Theodore Thomas Taylor, St. Mary's Hospital.

Small-pox in Sheep.—Mr. Marson, of the Small-pox Hospital, and Professor Simonds, of the Royal Veterinary College, have presented their report of experiments, made under direction of the Lords of the Council, as to the influence of vaccination of sheep in preventing sheep-pox. They state that sheep-pox is not known to have existed in England but on three occasions—in 1710-11, 1847-50, and 1860, and that it is always the result of infection. They find that vaccination cannot be relied upon as a preventive or mitigant, as the vaccine disease in these animals is but very imperfectly developed even in the most successful cases. But they consider that inoculation is a measure which, if rightly carried out, offers considerable advantages. It gives security against a natural attack, for, as a rule, sheep-pox occurs but once. It limits the period of existence of the disease in the flock, mitigates the severity of the malady, saves the lives of many sheep which would otherwise be sacrificed, and produces comparatively but little loss of condition. It controls the extension of the disease, as one confluent natural case does more to diffuse the poison than probably fifty ordinary inoculated cases would do. Lastly, the mortality of the inoculated dis-

case, when compared with the natural, is on the average only as 3 per cent. in the one case is to 50 per cent. in the other.

St. John's Hospital for Skin Diseases.—We are glad to observe that the much-neglected subject of skin diseases has at length attracted distinct attention in the foundation of a hospital called St. John's, at Church street, Westminster. In Paris they have long had a special hospital for skin diseases—the St. Louis—and it is singular that in England, where the doctrine of division of labour has been so fully and justly recognised, not only in political economy but in the Medical Profession, this want should not have been long since provided for. As this project is under the direction of so distinguished a dermatologist as Mr. Erasmus Wilson, together with Dr. Tilbury Fox, Dr. Frodsham, &c., we expect that it will rise into favour and obtain the support it deserves from the benevolent public, especially since its principle is *free admission*, whereby the poor man can obtain all he requires without the loss of time, which is of such vital importance to him and his family.

The Hunterian Museum.—The fine skull of the Greenland whalebone whale (*Balæna mysticetus*, Linn.), which formed part of the original Hunterian collection, and which has for many years been placed in one of the court-yards of the College, almost inaccessible to the visitor, and where it was suffering considerably from the effects of exposure to the weather, has been removed into the building, and now forms a conspicuous object at the end of the Eastern Museum. The animal to which this skull belongs is, owing to the persecution it has undergone for the sake of the whalebone and train-oil which it yields, become scarce and driven into the extreme northern regions of the sea, and notwithstanding the immense number that have been killed by whalers from our ports, no complete skeleton has ever been received in this country. The Council of the College have, therefore, been fortunate in receiving through Professor Reichardt, of the Royal Museum, Copenhagen, the perfect skeleton of an adult female, which was killed about two years ago at Holsteinbeg, South Greenland. The gigantic bones have been received in safety, but as they have to undergo a process of cleaning, it will be some time before they can be articulated and exhibited in the Museum. The length of the animal was about fifty feet, the head alone measuring eighteen. The visitor to the Museum should also observe the fine skeleton of a grampus (*Delphinus orca*) suspended near the lower gallery on the left-hand side of the Eastern Museum. This is the animal taken in the Thames in 1757, and figured in Hunter's paper on whales in the 'Philosophical Transactions' for 1783. The skeleton is now for the first time exhibited, and the manner in which the bones have been put together so as to preserve the natural curves of the spine and general configuration of the animal reflects great credit on the articulator's skill. Another recent and important addition to the physiological department of the Museum is a very interesting series of preparations of the internal ear in man and the lower animals, prepared by and purchased from Dr. Max Hubrich, of Munich; among them are some remarkably delicate preparations of the membraneous labyrinth of the human ear. Mr. Flower, the conservator of these treasures, who has recently and deservedly been elected a Fellow of the Royal Society, has proved himself an admirable successor to Owen and Queckett by his excellent taste in the preservation and display of the contents of the Museum of the Royal College of Surgeons.

Practical Points as to Chloroform.—This vapour is a new atmosphere or world of comfort to the much-suffering mother in the pangs of labour. In the agony of scrofulous joints "while swelling," fractured bones, amputations, &c., foreign bodies in the eye, especially of shrieking and agonised children, in cataract (from absence of tension and less risk to the "vitreous"), chloroform is beyond price and directly beneficial, even if it did not, as it does, remove pain. So is it of chloroform in tetanus, epilepsy, convulsive diseases, the torture of gall-stones, &c. We may say, indeed, of the lithotomy or surgical patient now-a-days, his once agonised misery or little life (in hospital) "is rounded with a sleep." No doubt in the strong healthy adults danger sometimes arises, nay, we are taught that excess of emotion (fright) is equivalent to excess of sensation; that requires a larger dose of chloroform, which dose also takes in an irregular and dangerous manner. Yet some will have it there is little skill required in chloroform administration. But there is the same as to experience as that to prevent a railway accident. Some say vivisectional experiments on animals have made all clear; this is as wise as to say such experiments alone would teach us how to treat a pneumonia, or bad midwifery case, iritis, or ague. Experience in hospital has taught us that nervous patients will bear immense doses of brandy, and so of chloroform. Hospital experience alone teaches that some patients take it slowly, others quickly. One administrator can prevent vomiting, while in the hands of another, of less experience, a softened "vitreous" is lost by vomiting, chloroform given in a grand, showy manner; but the patient is blind. Or in a dentist's case, mayhap it is given too completely with silver-inhalers, or balloons, bleeding continues into the back of the throat, and the patient is suffocated. Again, young people require very little chloroform, and take it always well; hysteria or delirium-tremens patients the worst, requiring great caution. A rich, strong male adult, in perfect health, requiring chloroform for a sudden accident, from mere emotion, will sink sooner than a poor, broken-down, emotionless, hospital pauper, with scarcely a bit of life in him, whose system, as it were, becomes acclimatised to surgical proceedings, "secondary" amputation, and so forth. More chloroform is required on fields of battle, as seen at Solferino, in secondary than in primary operations. Some patients will do better with ether, some with a "mixture;" some midwifery patients may have chloroform together with a little ergot of rye, and so on. Experiments on animals throw no light on these or a half-hundred other little points as to the signs of impending danger in the administration, they are learned by experience in the hospital operating theatre alone. A fixed stare of patient indicates spasm with apnea, and possibly death. In such a case, Langenbeck saved the man's life by tracheotomy; there was obviously convulsion, one pupil widely dilated, the other contracted! In twenty per cent. of the cases, again, in urethra cases, dentistry, reduction of dislocations, the fatal accident must be looked on as independent of the chloroform.—Dr. Kidd, in 'Medical Mirror.'

MARRIAGE.

Griffith—King.—On the 2nd inst., at Donnybrook Church, Ireland, by the Rev. J. Carson, M.A., Dr. G. de Gorrequer Griffith, of Lupus street, St. George's square, London, son of the Rev. James Griffith, M.A., Rathgar, to Frances Harriette, daughter of the late Henry King, Esq., M.D., formerly Surgeon of H.M. 33rd Regt., of Elderslie, Co. Dublin.

DEATH.

Bird.—On the 31st inst., suddenly, at Tollerton, Yorkshire, George Bird, Esq., Surgeon, aged 65.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 10.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, August 11.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, August 12.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 13.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, August 15.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, August 16.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

To Subscribers.—Gentlemen who receive the Medical Circular direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

The Griffin Testimonial Fund.

To the Editor of the Medical Circular.

Sir,—The following subscriptions have been further received on behalf of the above Fund :—

	£	s.	d.
H. Oliver, Esq., Taunton	0	5	0
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Amount previously announced	43	11	6
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Yours obediently,

Robert Fowler, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
August 3, 1864.

In consequence of the length of our Report of the Meeting of the British Medical Association at Cambridge, we are compelled to postpone until next week a number of Original Communications, Reviews, and Correspondence. We beg especially to apologise on this ground to Dr. Sisson, Dr. Gasou, Alpha, A Subscriber, The Army Medical Department, &c., &c.

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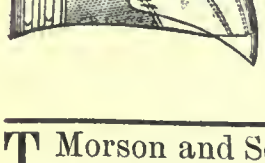

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 68.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

I have seen two instances of hour-glass contraction, but as there was no flooding in either, I shall not mention the particulars. The placenta in both cases was shut up and firmly compressed in a small compartment of the uterus, so that the uterine sinuses were very efficiently plugged. The following case is an example of hæmorrhage, resulting from retention of the placenta by a firm contraction of the os uteri. The patient was attended in her fourth labour by a pupil of the Dispensary. He sent for me in consequence of retention of the placenta, and flooding, which he was not able to control. The child had been born three-quarters of an hour when I arrived. On external examination, the uterus was felt unusually large, and was tender to the touch. Internally, the insertion of the cord could be readily made out just within the os, which was so contracted, as barely to allow two fingers to pass through. The pupil stated that he had tried firm traction, but with no effect, except that of aggravating the discharge. If the case had been in my own hands from the commencement, I should most likely have first tried drawing the placenta through by traction on the cord; but the patient had lost a great deal of blood, and from the size of the uterus I concluded there were clots in utero, besides the afterbirth. Therefore, I thought it advisable to introduce my hand. The os was gradually dilated, and the hand passed through. The placenta was lying loose in the lower part of the uterus, and above it was a mass of clots. On their removal, the uterus contracted firmly, the tenderness disappeared, and the flooding ceased.

Inversion of the Uterus.—This dangerous accident fortunately happens very rarely. It sometimes occurs spontaneously, but is more commonly due to mismanagement in the delivery of the placenta. It is generally attributed to premature traction on the cord, while the placenta is still attached. There are two instances on record in which, apparently, strong pressure externally inverted the uterus. Mr Ingleby traced its occurrence on two occasions to unskilfulness in separating the adherent placenta. The cord being unusually short may also produce it.

Diagnosis.—Immediately on the occurrence of inversion dangerous constitutional symptoms exhibit themselves, the result of nervous shock and loss of blood—such as syncope, nausea or vomiting, and a quick and feeble pulse. The face is pale, and covered with cold clammy moisture. The patient also suffers from constant and violent forcing pain in the hypogastric and pelvic regions. The symptoms of sudden collapse, of themselves would not be sufficient to indicate the occurrence of inversion of the uterus, for they might be due to other causes, as rupture of the uterus or vagina closely preceding the birth of the child, an overwhelming loss of blood, simple but severe nervous shock consequent on the exhaustion and sufferings of labour, the existence of a large polypus of the uterus hanging in the vagina, or an immense thrombus of the vulva. The nature of the accident is very soon cleared up on making an external and internal examination of the uterus. Generally, the uterus cannot be felt at all in the supra-pubic region. When the inversion is only partial, a portion of the uterus may be felt, as in an instance which came under Mr. Ingleby's observation. In all cases, however, the roundness of the fundus will be absent. On proceeding to make a vaginal examination, we may find a tumour protruding from the vulva; and if the placenta is attached to it, the character of the case is plain at once. The inversion may not have taken place until after the removal of the placenta; in that case, we may tell that the tumour is in the uterus by its sensibility. The portion of the tumour to which the placenta was attached will be noticed to be rough, while the rest is smooth, and blood will be seen issuing from the uterine sinuses. The fact of a globular tumour lodging in the vagina or protruding externally, coupled with the absence of the uterus in the hypogastric region, and the severity of the constitutional symptoms, ought to be quite sufficient, in most instances, to enable us to diagnose inversion of the uterus

Treatment.—If it can be effected, the uterus should be immediately re-inverted; and it seems to be a simple operation when undertaken directly on the occurrence of the accident. Every moment deferred increases the difficulty of re-inversion. The inverted fundus should be grasped and compressed firmly by the hand, and pressed slowly upwards. If the operation is to be successful, the tumour will be felt to yield and glide upwards up to a certain point, when the fundus will spring suddenly away from the hand and resume its proper position. When the uterus is inverted with the placenta still attached, should the latter be first removed, or should the uterus be replaced with the placenta *in situ?* Opinions seem pretty equally divided on this point. If I were to meet with a case of inversion, I should certainly feel disposed, first, to re-invert the uterus, and then to separate the placenta. By removing the placenta first, I should not be afraid so much of increasing the hæmorrhage, as of causing the uterus to contract, and rendering, in consequence, the re-inversion more difficult. If the uterus could not be replaced with the placenta attached, I should then of course remove it, and make another attempt. In those cases where an attempt to replace the uterus fails, the hæmorrhage must be arrested by applying cold to the inverted organ itself. Probably, pushing the uterus into the vagina would also assist in arresting the flooding. The walls of the vagina would act as a plug to the uterine sinuses, and irritate the uterus to contract. The collapse due to the accident and loss of blood must be combated by the free administration of stimulants.

Illustrative Cases.—As I have not met with a case of acute inversion of the uterus, I shall therefore quote one from the 'Glasgow Medical Journal,' and another from Ingleby's essay on that subject:—

I. Dr. Kelly, of Glasgow, delivered the patient, a primipara, after a lingering labour, by the forceps. As soon as the head was extracted there was a large gush of blood. He then goes on to say: "I then quickly asked the attendant at the bedside to lay her hand upon the belly, and without a moment's hesitation she somewhat rashly and roughly pressed both hands *into*, rather than on, the belly (it may be observed that in her right hand she held a towel, so that her fist was closed). This firm pressure seemed to arrest the flooding, and to have the effect of producing pain, as the body of the child (living) was expelled with very slight manual help; but again hæmorrhage ensued, with sighing, restlessness, pulse extremely weak, and that exsanguine aspect, as well as general coldness of the whole surface of the body, which indicates imminent peril. Having given her a quantity of whisky and made her head level with her body, I passed my finger towards the vulva, which immediately touched what I supposed, and even considered the placenta; but after tying the cord and separating the child from the mother, I laid my hand upon the belly; but finding no hard or rounded uterus, the thought of what might be at once flashed across my mind. Accordingly, to my extreme regret, I found lying upon the bed this soft mass formerly felt; and beneath the firm, hard, oval, unmistakable, entire inverted uterus, protruding quite externally. At this point, observing the dangerous condition of the patient, both from the shock of such an accident and from the exhausting loss of blood, I requested the assistance of my friend Dr. Tindal, who, I was aware, had had a similar case; and his attendance, I am happy to say, was

prompt. Our first thought was that it would be best, and we even endeavoured before returning the displaced organ, to remove the placenta. To distinguish, however, placenta and walls of uterus, either by appearance or feel, and to separate the former with impunity to the latter, so firmly adherent whilst covered with blood, was a more difficult and hazardous task than one may feel disposed to credit, and than we were willing to risk. With right hand doubled up, therefore, I pressed steadily and firmly against the fundus, or most dependent part of the whole mass, which very soon began to yield and glide upwards, followed by the hand, until complete reduction and normal restoration was effected. The placental mass was now speedily and easily peeled off, in doing which the internal irritation re-excited the contractile powers of the uterus, and the retained placenta was expelled, with which the hand was withdrawn. Thereupon, more whisky was given, which soon rallied her from the shock and loss of blood." She recovered without a bad symptom.

II. "Mrs. —— was delivered of her first child on Thursday night, the 17th. The practitioner informed me (Mr. Ingleby) that, immediately on the removal of the placenta, syncope took place, followed by profuse hæmorrhage, which subsided a little the next morning. She was harassed by frequent vomiting, pain in the hypogastrio, and an occasional increase of hæmorrhage, until the succeeding Thursday night, the eighth day after delivery, at which time I was requested to see her. I found her nearly without pulse, exsanguine, comatose, delirious on being roused, and apparently moribund. On laying my hand over the pubic region, the uterus, which felt very hard, presented two singular features, its form being almost conical, and its circumference particularly small. I ascertained that the vagina was filled by a very bulky round tumour, which almost reached the os externum, corresponding to the fundus uteri, and resembling a very large-sized polypus. On carrying the finger as high as I could possibly reach, I distinctly felt the os uteri encircling the tumour like a firm stricture. It was clearly a case of inversion of the uterus, the body of the organ being above the brim, and the os internum occupying the centre of the inversion. Under the impression that the sufferer was dying, her relations resisted for some time our earnest entreaties to be allowed to make an effort for her relief. Yielding partly to persuasion and partly to remonstrance, they at length assented. In about five minutes the stricture gave way to the compression which was employed; the left hand gained full possession of the uterine cavity, the fingers being distinguished through the abdominal coverings by means of the right hand placed over the hypogastrium. A piece of placenta was felt adhering to the body of the uterus, but allowed to remain, the organ being then perfectly flaccid; and neither the presence of the hand within its cavity, with friction and a cold napkin over the hypogastrium, nor the administration of ergot and diffusible stimuli, produced the slightest contraction. The hand was therefore withdrawn, and the stimulating plan persisted in during twelve hours before the pulse could be distinguished. The return of the pulse was almost immediately followed by the return of uterine contraction and the expulsion of the piece of placenta, being about one-fourth of the entire mass, in a highly decomposed state. The following day the patient was wonderfully improved, and gradually recovered."

Sunderland Medico-Chirurgical Society.—A Society under the above title has been formed in this town under the presidency of Dr. Brown, J.P., with Mr. Dixon, J.P., and Dr. Parker as Vice-Presidents, and Dr. Yeld as Hon. Sec. and Treasurer. The objects of the Society are: The reading of papers, and discusions on all subjects relating to Medicine and the allied sciences, and mutual intercommunication respecting the prevalent diseases of the district. The exhibition of microscopic and other specimens of a physiological or a pathological character. To have power to take cognisance of all matters relating to medical ethics submitted for consideration.

ORIGIN AND NATURE OF SYPHILIS.

By Richard Samuel Sisson, M.D.

(Continued from page 70.)

A girl, having had connection with forty-seven men in twenty-four hours, and suffering in consequence from inflammation of the vagina, &c., was under the care of M. Rossignol. As no specific disease followed, the case is quoted by Mr. Acton as conclusive against Mr. Holmes Coote's opinion. Now, we have here a fair example of the inconclusive arguments by which theories are too commonly supported or opposed; for the means taken for subduing the inflammation, would put a stop to those processes by which the specific disease might have been produced. It is my opinion that much less intercourse, and milder results, coupled with neglect of cleanliness and treatment, would be most likely to give rise to the disease—as Dr. Watson says of purulent ophthalmia: "My own creed upon the matter is this, that the disease may and often does arise, independently of contagion, from the agency of ordinary causes of inflammation, and that having so originated it acquires contagious properties, which develop themselves only under circumstances that favour the propagation of most of the contagious complaints."—('Practice of Physic.')

Dr. Fergusson, in 'Notes and Recollections of a Professional Life,' says: "I believe with my friend Mr. Guthrie, that whenever prostitution is foul and unclean, restricted to few women amongst crowds of men, there the infection will be generated, which afterwards spreads through society at large."

Sir George Ballingall expresses his opinion that "syphilis may be developed in sound persons under particular circumstances, by the abuse of coition."—('Mil. Surg.')

Though combating such theories as these, Mr. Acton believes that syphilis originated from some poison introduced into the economy from animals, or decomposing animal matter.

I see no improbability in assigning the origin of this poison to the decomposition of the human secretions, or in attributing syphilis to the absorption into the economy of a poison extrinsically generated, precisely as we now believe pyæmia so called to be produced.

Professor Aitken says: "The history of small-pox is decisive against the notion of its spontaneous origin, and if of small-pox, so for all the other specific zymotic diseases of the same nature." I, however, would reverse the Professor's line of argument, and say, since it is proved that many zymotic diseases amongst animals, as well as in man, do arise spontaneously, so we may infer of the rest; and I believe we carry our incredulity much too far when we deny the possibility of such origin on the bare grounds that absolute proofs are wanting.

To this theory, however, the objection may be raised that, if syphilis is subject to the same laws as other diseases of a similar nature, how comes it that virtuous females and others who have not subjected themselves to the usual means of contagion are not as frequently affected by it as by these diseases.

It would appear, indeed, that such was formerly the case, for the writers of the sixteenth century have described the infection as being conveyed, like the plague, from one person to another.

Syphilis, however, is not what it then was; it is milder in all its phases; and I think we may conclude with Dr. Farr, that "the morbific principle of some diseases, including that of syphilis, is fixed;" or with Dr. Mason Good, that "the miasm of human effluvium is chiefly distinguishable from that of dead organised matter by being less volatile."—('Study of Medicine.')

Unity or Plurality of the Chancrous and Syphilitic Poisons.

Upon this subject opinions differ, much more than is generally supposed, as the following propositions will show:—

1. The hard chancre alone is the infecting sore.

2. Both hard and soft chancre are infecting, their character depending on locality alone.

3. The character of chancre is determined by constitutional influences solely.

4. The suppurating sore is not infecting, but can produce a hard chancre, which is.

5. The suppurating sore is not syphilitic at all.

6. Induration of a chancre is the first symptom of constitutional infection.

7. Chancres have nothing peculiar or specific, but are the offspring of filth, having their character modified by the texture affected.

8. All chancres are local, and never followed by constitutional disease.

Carmichael describes four or five different primary sores capable of producing constitutional symptoms.

Syphilographers have caused great confusion by treating of chancre and constitutional symptoms under the common title of "the syphilitic poison." The terms "chancrous" and "syphilitic" are, however, by no means convertible or synonymous, and I have treated of them together, merely for convenience' sake; besides, they are so intimately connected, that a different arrangement would lead to nothing but confusion.

Ricord says, that chancre no more means syphilis, than the bite of a mad dog means hydrophobia; and those who support the first proposition—viz., that the hard chancre alone is the infecting sore—believe in the unity of the syphilitic, but in the duality of the chancrous virus; whilst those who hold that both hard and soft chancre are infecting, their character depending on locality alone, maintain the unity of the chancrous, as well as of the syphilitic poison.

It will be sufficient for our present purpose to discuss the two following questions alone:—

Is there any fundamental distinction between hard and soft chancre? And are their results necessarily different?

Mr. Lee says: "The hard chancre, untreated by mercury, is invariably followed by constitutional symptoms; the soft, never:" and he supports the first proposition by what appears to me negative evidence of the weakest kind.

"A patient," writes that gentleman, "who considered himself well informed upon the subject of the characters of an infecting sore, presented himself in March, 1859. He had a sore on the right side of the frænum, which spread ultimately for about three-quarters of an inch along the urethra. As the sore extended it became surrounded by considerable indurations, and this, as it approached the urethra, terminated quite abruptly. It was then impossible to distinguish this induration from that which accompanies an indurated infecting sore, and the patient believed that his affection presented all the characters of a true Hunterian chancre. The history of the case, however, and the character of the secretion furnished different testimony; and the patient was prevailed upon, not without considerable difficulty, to be treated for a local affection. I ventured to assure him that his constitution would not be affected, and I had the satisfaction of seeing him Nov. 5th, 1860, and again Feb. 21st, 1862, without his having had any constitutional disease."

The following case, from Harrison on 'Venereal Diseases,' is to the same effect:—

"A young lady had on the right labium an ulcer with a well-defined edge, which proved troublesome, and took a long time to heal. At one period there was considerable thickening about it, so that I was almost inclined to look upon it with suspicion, and was almost thrown off my guard by its appearance. The hymen was perfect. . . . There was, in fact, nothing venereal about the sore; but if ever I saw a chancre, so far as external or visible characters are concerned, it was this." These two sores got well without mercury, were not followed by constitutional symptoms, and therefore, according to the views of these gentlemen, could not possibly have been indurated chancres; although both admit that, as far as external appearances were concerned, they were undistinguishable from such.

Mr. Lee trusted to the history of his case and the secretion furnished, both fallacious guides—the former, as given by the patient, not often to be depended upon; and the latter of no diagnostic value.

Dr. Bennett, of Edinburgh, one of the first histologists of the day, says: "No distinction exists between the different kinds of chancre and other purulent sores." Sigmund, of Vienna, also says no distinction exists. In Mr. Harrison's case the hymen was perfect—no unusual case in girls affected with both gonorrhœa and syphilis. (See several cases to this effect in 'Lancet,' 1859-60.

It is now well ascertained that mercury may postpone, but will not prevent, the appearance of constitutional symptoms; and it is also equally well known, that whatever treatment we adopt for the cure of chancre, no secondary symptoms may follow.

Galligo affirms that hard chancre untreated may be followed by no secondary symptoms. Diday remarks that secondary symptoms generally occur within three months after hard chancre not treated by specifics, if such are to appear; inferring thereby that such do not always appear under these circumstances.

Moreover, according to Marston, Hebra, and others, no constitutional symptoms may follow infecting chancre for many years, or the disease may remain latent in the father and yet be inherited by the offspring. The weight of evidence, then, appears to me against the proposition that "hard chancre untreated by mercury is invariably followed by constitutional symptoms."

Of soft chancre, Mr. Langston Parker says: "I believe that the simple non-indurating chancre occasionally gives rise to constitutional symptoms."

Contrasting the simple chancre with the sloughing and phagedænic, Mr. Erasmus Wilson says: "The calm and natural action present in the simple chancre being favourable to the development of the virus, renders it more dangerous as a source of constitutional infection."

Mr. Mayo says: "Although we now admit that local ulcers of another character are liable to follow impure intercourse, and *to infect the system*, still the opinion universally maintains its ground, that the appearances specified by Hunter are most decisive as to the nature of the disease."

And Mr. Harrison, going still further, writes: "Symptoms simulating those of constitutional syphilis, such as eruptions, sore throat, &c., may, if I mistake not, supervene on ulcers of the genitals not truly syphilitic."

Dr. Clerc, one of Ricord's pupils, considers the simple chancre only a modification of the infecting chancre; it is, he says, the result of the inoculation from an infecting chancre upon a subject already affected by constitutional syphilis. Each of these chancres transmits itself singly as a distinct pathological species.—(Maunder's 'Translation of Ricord.'

Ricord himself states: "The chancre with a soft base of syphilitic subjects is transmitted either as a simple or as an indurated chancre. Finally, it seems probable that the form under which it is reproduced depends on the nature of its origin, that is to say, on the chancre which gives birth to it."—(Ib.)

In other words, Dr. Clerc believes that the soft chancre is the result of the inoculation of the hard upon a previously infected individual, and that it retains this modified character under all circumstances; whereas Ricord believes that it is transmitted as a hard chancre to a previously healthy individual. At the same time, he considers the soft chancre here spoken of as analagous only in appearance to the simple chancre; so that, in order to escape from the dilemma in which he was involved by his dogma that "simple chancre is never followed by constitutional symptoms," Ricord has described as a different species of sore that which had always been considered synonymous with simple chancre—viz., "chancre with a soft base."

The inoculation test is, however, the *experimentum crucis* of those who deny the unity of the chancrous poison.

Professor Aitken says: "Mr. Lee and Rollet have shown that the infecting sore is not only incapable of auto-inoculation, but is not inoculable upon a person who has been contaminated by syphilis."

Mr. Lee says: "After the characteristic induration has been established, the infecting chancre is no longer capable

of being re-inoculated; but for a considerable time, if fresh action be excited in the part—as, for instance, by the application of a blister—a secretion may be obtained, which is re-inoculable upon the patient himself or upon another syphilitic patient."

Mr. De Meric remarks: "I often see patients who present a hard chancre behind the corona. This kind of sore secretes but very little pus in ordinary circumstances; but uncleanly habits and negligence excite irritation and inflammation, and pus is then pretty largely secreted. The groove behind the corona becomes inoculated, wreaths of chancres spring up, but none take on induration."

To be continued.)

SCIENTIFIC ARTICLES.

ON THE FEBRIFUGE PROPERTIES OF THE COMMON WHITE WILLOW.

It has long been known that the white willow and its alkaloïd, salicine, possess febrifuge properties, and the fortunate coincidence has often been remarked of the growth of the willow in those very localities where intermittent fevers prevail—namely, in low, marshy situations. Dr. Cazin remarks, that if the willow has failed to exert a febrifuge action in all cases, the circumstance is due to the smallness of the dose employed, and he suggests that the remedy should be associated with other bitter and aromatic vegetable extracts. M. Cazin has been in the habit of treating in this manner for the last twenty years the intermittent fever which prevails among the inhabitants of the marshy grounds about Calais; and he has found the willow an efficient substitute for cinchona and quinine. In the early stage he recommends an emetic or aperient, when gastric disturbance is present, and then he prescribes large doses of the bark of the white willow, alone or in combination with camomile, wormwood, and some other indigenous tonics, alteratives, and aromatics. He considers that the combinations of vegetable bitters with astringent and aromatic substances are far more efficient than the indigenous febrifuges administered alone. He also thinks it desirable to persevere for a week or ten days in the treatment after the removal of the paroxysms, and to prescribe a large dose every week for a month or longer, if any symptoms indicate the danger of a relapse. M. Cazin recommends the willow bark to be employed in a decoction (℥ss to ℥j in a pint of water) or in powder in the dose of ℥ij to ℥j, in wine or beer, or in the form of a tincture or extract.—DR. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

ON THE THERAPEUTICAL APPLICATIONS OF THE SOLUTION OF THE PERMANGANATE OF POTASH AND OF OZONE.

Dr Jackson having ascertained that the disinfecting and deodorizing properties of the solution of permanganate of potash had been established, determined to test its therapeutical action and practical application. He found, by experiments on himself, that the solution had no proper taste, but gave a sensation of coolness in the mouth, leaving behind a slight styptic feeling and dryness, which continued for an hour or more. When taken in the dose of a teaspoonful, slightly diluted, two or three times a day, it caused no inconvenience, but it was somewhat diuretic, and increased the appetite. He prescribed the solution in a case of dyspepsia, attended with loss of appetite, disordered digestion, and extreme lassitude. The patient was directed to take a teaspoonful in half a wine-glassful of water four times a day, and in a few days he was quite well. Four cases of a similar character were treated in the same manner, with a rapid and successful result. Dr. Jackson relates other cases in whtch the solution of the permanganate was equally beneficial, one being a case of abnormally large secretion of urine. But the most remarkable and almost marvellous effects of this salt are observed in the treatment of gangrenous wounds, and for this purpose it has been employed in several of the hospitals in the United States. Having thus proved the decided therapeutic action possessed by this substance, Dr, Jackson endeavoured to ascertain its active principles, and with this view he tested it for oxone, which he found in great abundance. He regards the solution of permanganate of potash as containing, besides the salt itself, ozone (which is an allotropic form of oxygen) and the peroxide of hydrogen, which may be regarded as water in combination with *antozone*, another allotropic form of oxygen. These bodies possess the power of arresting the process of disorganisation in living tissues, and arousing the vital action in decaying structures. — Dr. SEMPLE'S 'Report on Materia Medica and Therapeutics,' in the 'British and Foreign Medico-Chirurgical Review.'

HOSPITAL REPORTS.

By DR. G. DE CORREQUER GRIFFITH.

KING'S COLLEGE HOSPITAL.

CASE OF STONE IN THE BLADDER.

Wm. K., æt. sixty-two, unmarried, was admitted on Feb. 4th, 1864, under the care of Mr. Smith.

History.—Has always been a healthy man, except that he had an attack of erysipelas in the autumn of 1862: the parts affected were the head and face. He remarked that at the time of his illness the urine was very thick, but he took no notice of it. He has always been abstemious. About a month since he passed a good quantity of blood with his water, which lasted, in a greater or less degree, until the time of his admission. He applied to Mr. Smith, in the out-patient department, with the usual symptoms of stone. He was sounded and the stone detected, and a few days afterwards he was admitted.

Feb. 6th.—The patient being under the influence of chloroform, Mr. Smith made the usual lateral incision on the left of the mesial line, making a rather free incision. The staff which had been previously introduced was quickly cut down upon, and the point of the knife entering the groove was made to pass rapidly into the bladder. The prostate was found to be very large. Mr. Smith then passed in the forefinger of his left hand and detected the stone lying in a kind of pouch on the left of the prostate; a pair of moderate-sized forceps was then introduced, the stone seized, and quickly extracted. The patient was then returned to bed. The calculus was fully equal to the size of a large plum and was of that peculiar kind termed the mulberry.

In the evening of the day of operation hæmorrhage into the bladder was found to have occurred, and a clot having been formed the water was found not to pass through the incision: the House Surgeon, however, drew off the urine, and a tube was then placed in the opening to allow the water to drain off.

Feb. 7th.—The hæmorrhage still continues, and cold was applied. The water was again drawn off. He seems to be pretty well. Ordered

Ammon. sesquicarb., gr. v.;
Spts. ammon. aromat., ℥ xx.; N.B.
Mist. ether. chloric, ℥ i., omni horâ quarta.

8th.—The bowels were very much confined, so an enema of about a pint of gruel with an ounce of turpentine was administered. The hæmorrhage has ceased, but the water does not flow readily by the opening. The tube was removed.

10th.—The enema caused a free evacuation of the bowels: he seems very low and has some bronchitis. The water was again drawn off.

12th.—He appears better this morning, but suffered a good deal of pain in the bladder, the water not coming away at all freely by the wound. The House Surgeon again drew off the water, from which the patient experienced great relief; he is, however, troubled with flatu-

lence, and does not pass his motions with ease; his pulse is 95, and occasionally intermittent; he is, however, better than he was on the 10th.

15th.—There is a swelling over the right parotid region, as though an abscess were forming. The water comes chiefly through the urethra; he is very weak and low.

17th.—Pulse 112; tongue very dry: he is altogether very low, and there is a good deal of bronchitis and of difficulty in expectoration. The swelling near the ear is poulticed.

19th.—Pulse 96; tongue is dry, red, and cracked: the parotideal swelling has greatly increased in size, and now extends down as far as the angle of the jaw: there is also some œdema of the lower right eyelid. The water comes a little now by the wound.

22nd.—Ordered

Quinæ disulph., gr. xii.;
Acid sulph. dil., ʒiss.;
Aquæ, ʒviii., ʒi., ter in die.

Pulse is 112, but he seems much better; more water now passes by the wound: the parotideal swelling is still large, but the œdema of the eyelids has subsided.

24th.—To-day there is a small opening just over the angle of the jaw; very little discharge issued from it. The bowels have been relaxed for several days and yesterday they began to relieve themselves involuntarily: the log-wood mixture was given without avail, and to-day he is ordered

Tinct. krameriæ, ʒi.;
Acid sulph. dil., ℥x.;
Tinct. opii, ℥v.;
Decocti hematoxyli, ʒi., secundâ quâque horâ.

25th.—Last night the abscess opened into the external auditory meatus, and there has been a thick but scanty discharge of healthy pus ever since; he is better since this occurred. The diarrhœa still persists. Ordered to take

Tinct. kino, ʒii.;
Confectionis aromat., ℈ii.;
Decocti hematoxyli, ʒi., tertiâ quâque horâ.

26th.—The diarrhœa is not quite so bad; pulse is 96; tongue is dry and red; there is more discharge from the ears.

March 1st.—Passes no water from the wound: there is a red blush around it: he is ordered to have poultices applied to it. The discharge from the ears is less.

16th.—Poultices discontinued: the discharge from the ears has very nearly ceased and is now dressed with the simple water application.

20th.—The discharge has quite ceased: he is now able to sit up.

April 1st.—He is nearly quite well in every way, and is gaining strength. There are no symptoms of stone.

5th.—He is discharged, cured.

Fistula in Ano.

J. D., æt. twenty-six, by trade a tailor, was admitted under the care of Mr. Smith, the date of his admission being March 11th.

History.—Six weeks since he noticed a swelling in the perinæum, which burst in a day or two from the time it was first observed: this swelling proved to be an abscess, and discharged freely. It is on the right side and rather in front than behind. A fistula has resulted from the abscess.

March 12th.—Mr. Smith divided the fistula and treated it in his usual manner.

16th.—No hæmorrhage since the operation, and he is to-day discharged, cured.

WESTMINSTER HOSPITAL.

We have lately noticed two very interesting cases of operation, under the care of Mr. Barnard Holt, in which he has employed fine wire as a substitute for thread in ligaturing the arteries that required to be secured. The first case was that of A. C., who was admitted under Mr. Holt's care, suffering from carcinoma of the left breast, of two years' duration. The tumour presented all the usual characters of scirrhus, was hard and heavy, and had latterly become adherent to the integument and slightly so to the pectoral muscle. The glands in the axilla were not affected, but she suffered continually from a lancinating pain in the breast, extending down the inner side of the arm.

Mr. Holt removed the whole breast, dissecting the mass cleanly off the pectoral muscle, the fibres of which were exposed and quite cleared from any cellular attachment: a small portion of the muscle was also removed where the tumour was adherent. Seven arteries were ligatured with fine wire, *and both ends were cut as short as possible;* the edges of the incision were accurately approximated and retained by wire sutures. *No strapping was employed,* but a pad and bandage were applied only sufficiently tight to retain the surfaces in apposition. On the second day after removing the pad the wound was found to be firmly agglutinated; the sutures were removed on the fifth day, the wound, a very small piece excepted, having united by the first intention.

The second case was that of J. Barratt, who, seven weeks previously, met with an accident resulting in a compound fracture of the leg. The patient was a large flabby man, and although every effort was made to preserve the limb the case did not proceed satisfactorily; and subsequent rigors, with great exhaustion and a very rapid pulse, necessitated immediate amputation. Mr. Holt removed the limb above the knee by the flap operation. The *femoral* as well as the other arteries, six in number, were ligatured *with thin wire and the ends were cut short,* and, as in the former case, the incised edges were retained in apposition by interrupted wire sutures. Strips of lint wetted in lukewarm water being used instead of strapping, the wound was kept approximated so long as the wires would hold; and when they cut themselves out a considerable amount of union had taken place. There was very little suppuration; the surface presented a healthy aspect, and was as vascular as could be expected in a man who had undergone exhausting suppuration previous to the amputation. Upon examining the limb, the tibia was found stripped of its periosteum as high as the knee, which joint contained a considerable quantity of pus, and the cartilages had commenced to ulcerate.

Mr. Holt remarked upon the interest attaching to these two cases—first, with regard to the importance of removing the whole mammary gland, together with its cellular connections, however small the malignant growth might be. He mentioned that, in four cases where he had fully carried this out, the patient as yet, now four years since, had not any return of the disease. The subject of occlusion of the bleeding vessels with thin wire, and cutting both ends short, appeared to possess some advantages. The edges of the wound could be accurately approximated, and, in ordinary healthy persons, tended to promote union by the first intention; the after dressing was much more simple, and the patient was saved the pain of removing threads, which frequently did not become disengaged for a considerable period of time, leaving tracts to be afterwards healed by granulation. Mr. Holt stated he had now employed this means of treatment in several cases with the best result, the patient merely complaining of slight pricking sensation for a few days after the wound had healed. He expressed his intention of substituting unmanufactured gut for wire in his next operation, and thus, in all probability, the slight pricking sensation might be avoided.

Projected Fever and Small-pox Hospitals in Paris.—There is some agitation going on among hospital physicians of Paris respecting the advisability of taking a leaf out of our book. It is customary, in that capital, to place fever and small-pox patients into the general wards, regardless of the risk thereby incurred by the other patients. The authorities now seek the advice of the medical officers touching this matter, and it is extremely likely that at least separate wards will be assigned to patients labouring under the affections above named. We are informed that the question is being elucidated mainly by the collection of facts obtained in London, Mr. Marson, of the Small-pox Hospital, having been specially applied to.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 6TH, 1864.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows of the Society: Dr. Ed. Williams, of Wrexham, and Dr. W. G. Houghton, of Mount street.

Mr. HARPER exhibited an Ovarian (?) Tumour removed that day by Mr. Baker Brown. The nature of the tumour being a matter of doubt, the specimen was referred to Dr. Greenhalgh and Dr. Braxton Hicks, in conjunction with Mr. Harper, for special examination.

Dr. SNOW BECK exhibited a Uterus removed from the body of a woman who died on the ninth day after a natural labour, and who presented all the symptoms of a severe form of puerperal fever. The peritoneum was found inflamed after death, and about two pints of turbid fluid existed in the cavity of the abdomen. After a minute and careful examination of the organ, the sinuses, the pelvic veins, the lymphatics, as well as every other tissue, were found perfectly healthy, and the internal cavity everywhere covered by a soft membrane, containing the usual microscopic elements of the mucous membrane. A decided negative was thus given to many of the supposed causes of puerperal fever. But it was shown that the sinuses and pelvic veins permitted air to flow along their cavities, and that a ready means thus existed for the purulent infection of the general system. This open state of the sinuses was further traced to an imperfect contraction of the uterus after the birth of the child, which thus allowed fluid to pass along these canals.

Dr. MURRAY showed a specimen of Fibrous Tumour of the Uterus. It was interesting from the fact of its growing entirely in the posterior wall of the cervix uteri, without involving in the least degree the body or fundus of that organ. The internal os could be distinctly felt, and sharply separated the sound from the diseased tissue. The patient was in too weak a state to admit of any operation, or that of enucleation might possibly have removed the mass, which was larger than an orange.

Dr. MARION SIMS, who was present, in reply to a question, stated that he had practised in certain cases incision of the os uteri for the purpose of restraining the hæmorrhage often present in cases of fibroid tumour of the uterus. His results had been satisfactory; but he had not practised it sufficiently often to be in a position to speak decisively as to its absolute value. He disclaimed originality as to the operation itself.

Dr. GREENHALGH exhibited a Pelvimeter made by Mr. Ferguson during the year 1859, which so closely resembled the instrument lately described as a "New Pelvimeter," the invention of Drs. Earle and Murphy, that he felt it due to his colleague, Dr. Harris, to state that this instrument was devised by, and manufactured for, him nearly five years ago.

Dr. ROBERT GREENHALGH read a paper

ON PLACENTA PRÆVIA.

The author first alluded to the large mortality both to mothers and children (one in four and a quarter of the former, and about two-thirds of the latter), which he attributed mainly to the severe and repeated losses of blood, to the delay in effecting the delivery, and the method of turning usually had recourse to in these cases. He then gave the details of twenty-four cases which had occurred in his own private and consulting practice between the years 1842 and 1864. He placed before the Society several statistical tables, chiefly taken from Dr. Read's work, to show, in addition to other facts, that the expulsion of the child generally takes place before the full period of utero-gestation—premature labour being the rule and not the exception; that Nature, unaided, frequently terminates the delivery with safety both to mother and child; that complete and partial artificial separation of the placenta before the birth of the child has failed in numerous cases to arrest the hæmorrhage; and that these methods and turning had proved most unsatisfactory in their results. Having dwelt at some length upon these several points, he strongly advocated a close observance of the way in which Nature terminates these cases with safety to mother and child. Having specified the result of his observations on that head, he confidently recommended the following plan of treatment, which had proved, as far as the limited number of cases could prove, in his hands and in those of others, far more successful both to mothers and children than any other method hitherto devised. It was as follows:—1st. That in any case of hæmorrhage, whether profuse or otherwise, occurring after the commencement of the seventh month of utero-gestation, ascertained to be due to placenta prævia, artificial premature labour should be induced at once, or as soon as the condition of the patient will admit of it. 2ndly. That, in order to effect that end without a loss of blood, an air-ball, covered with spongio-piline, be passed, collapsed, into the vagina, and then inflated so as effectually to fill that canal, while a bandage is placed firmly round the abdomen; at the same time the ergot of rye and borax are to be administered in repeated doses. He further recommended as aids, stimulating enemata, with tincture of nux vomica, galvanism, and friction over the abdomen. The author concluded by condemning, in the strongest terms, the use of general hygienic means and hæmostatic remedies over days and weeks in these cases, which course he was firmly convinced, was the cause of many valuable lives being lost.

Dr. BARNES observed that, agreeing generally in the principle that labour should be brought on in cases of severe hæmorrhage from placenta prævia—a principle, he believed, commonly acted upon in London,—he could not assent to much of Dr. Greenhalgh's reasoning, or concur in approving his plug. His statistical reasoning was open to criticism. He assumed two postulates—first, that the mortality of placenta prævia was 1 to 4½; secondly, that the mortality from inducing premature labour was one in 53; and he drew the extraordinary conclusion, that by always inducing labour we might substitute the low mortality of premature labour induced under selected circumstances for the assumed heavy mortality of 1 to 4½. Now both the postulates were false, and the conclusion was manifestly illogical. The mortality of 1 in 4½ drawn from Dr. Read's tables was a most unfair representation of the results of modern obstetricy. He (Dr. Barnes) had analysed his own cases. Since the publication of his Lettsomian Lectures 59 cases had come under his own observation; and he drew 24 from other sources, most of these last being treated upon his (Dr. Barnes's) principles. The deaths were six only, or 1 in 14. And if he were to follow Dr. Greenhalgh in striking out the fatal cases on the ground that treatment was too late, he might show statistical results very far superior. He should have, not 10 successful cases, but 77. Two of his cases died of pyæmia, having been treated by by forced delivery—that is, in direct opposition to his principles; 2 were moribund when seen, and 3 were hopelessly anæmic. He had taken all cases as they occurred in his books without selection or arrangement, yet 26 cases fell as an uninterrupted series of recoveries, which he might fairly place against Dr. Greenhalgh's selected 10. Then as to the mortality in premature labour. Premature labour was induced under selected circumstances to avoid dangerous complications. Such cases were not to be compared with labours forced upon us by the flooding of placenta prævia. This Dr. Greenhalgh disregarded. But surely placenta prævia went for something. Then the children. Dr. Greenhalgh had been fortunate. In his small series of 10 cases he had eight living children. He (Dr. Barnes) ventured to say that a larger experience would modify this result. Many dangers surrounded the child in placenta prævia: cross-birth, funis presentations, immaturity, and asphyxia in utero; some were born putrid. His (Dr. Barnes's) plan was eminently adapted to secure the child. But his mortality was ·63. The very method of Dr. Greenhalgh of bringing on premature labour must of itself often destroy the child, for the floodings would come

on at six and seven months. And in some cases flooding did not occur until the end of gestation. These were often the most dangerous. Yet here Dr. Greenhalgh's plan was not available. And what was Dr. Greenhalgh's plan? The use of a *vaginal* plug, not differing essentially from the colpeurynter of Braun. It acted like all other vaginal plugs, by exciting uterine contraction, if the uterus was excitable. But unfortunately in the worst cases the uterus was paralysed. In these, where art was most necessary, the plug was useless. He was surprised to hear Dr. Greenhalgh undervalue rupturing the membranes. This simple method was in many cases quite sufficient, and no method was long serviceable without it. If in combination with rupturing the membranes, the placenta was detached from the cervical zone, so freeing the cervix, the cervix then artificially expanded by his *cervical* dilators, and the bimanual method of turning resorted to, he was confident, from large experience, that a greater measure of success would be obtained than by any other especial method. He took that opportunity of stating that the first published case of the use of the intra-uterine dilator in placenta prævia which attracted his attention belonged to Mr. Jardine Murray, of Brighton.

Dr. Hall Davis remarked that he had little faith in statistics of placenta prævia representing a mortality of one in three or four from that complication, knowing that former statistics to that effect had included cases originally published, not to show the average mortality, but as selected instances for the most part hopeless when first brought under medical observation, and intended to prove the fatal tendency of this complication of pregnancy if not timely seen to. He would also observe that we are not left without authority, laid down in lecture and works of reputation, to convince us of the dangers of delay in placenta prævia, and guide us to efficient treatment. He might refer, for example, to the lectures of the late Dr. D. D. Davis at University College from 1828 to 1841, and to his esteemed System of Obstetric Medicine, which taught no temporizing treatment, but, on the contrary, the necessity of early and active interference, while at the same time pointing out the hazards of a forced delivery through a rigid os uteri. As to his own experience, he might state that in the Royal Maternity Charity alone he had had, from 1842 to 1862, as physician of the western district, twenty-four cases of placenta prævia. In that number twenty-two mothers were saved, and the two deaths would have been averted had the injunctions given been observed. His treatment had varied with the case. Thus in *partial* placenta prævia he had found the simple discharge of the waters usually sufficient. When the flooding has not been thus arrested, and delivery has been impracticable by reason of the small size of the uterine orifice, he has plugged the vagina impactedly with sponge, or with a sufficient quantity of other suitable material at hand. He has then waited in security for the first opportunity of acting if necessary. In many cases, on withdrawing the plug, the head was found descending, and the birth was quickly completed without further aid. In cases of *entire* placenta prævia, when the os uteri would not admit of delivery, he also resorted to the plug, and of similar materials as before, believing such a plug, from its solidity, when efficiently applied, to be far superior to any elastic dilator. After from two to six hours he was generally enabled to remove the plug and deliver by turning. In this operation he preferred to pass his fingers in by the side of the placenta, where it might already be detached, to perforating its centre, as some have recommended, as this latter mode necessitates a more considerable injury of the placenta vessels and further hæmorrhage. In the operation of turning, it had been his usual practice to fix the uterus by the right hand applied externally on the abdomen while turning with his left hand. To Dr. Hicks, however ('Obstet. Trans.,' vol. v.), were we indebted for a definitely combined mode of *external and internal version* by acting on the opposite poles of the child, the breach above being depressed by the external hand, while at the same time the presenting head is pressed upwards and to its own side. Then the feet are lowered to the os uteri and one or both brought through; the risk, so especially great in flooding, of passing the hand into the cavity of the uterus, being in this way avoided. In conclusion, he might say that, while he differed from the author on the points to which he had referred, he fully concurred with him, as all judicious practitioners must do, that to delay efficient interference in this complication is most hazardous.

Dr. J. Braxton Hicks quite agreed with Dr. Greenhalgh as to the necessity of inducing labour in placenta prævia as soon as arrangements could be made, which he believed to be the plan adopted by all who saw much midwifery in this city; it was the practice he had always adopted. With regard to the statistics quoted from Dr. Reid's work, he quite agreed with Dr. Barnes as to their want of value. All large groups of statistics were utterly useless as a guide of any particular practice. It was absolutely essential that the details of the cases should be known. In the tables presented to the Society it was impossible to say what were the surroundings of the patients; whether, in fact, they had died from the operation, from the hæmorrhage, or from the subsequent calamities to which it was known cases of placenta prævia were exposed. How, therefore, could we tell the value of any particular plan of treatment without this information? He considered that when it was said the death-rate was 1 in 4¼, there must be some mistake as regards present practice. In the Guy's Hospital Charity it was for nine years at 1 in 7¼. He also was obliged to differ from the assertion that the life of the child was not influenced by placenta prævia. That it was so he had no doubt; for in half of the cases he had seen where it was made out clearly, the child was known to be dead before any operation was attempted. He hoped the author would have alluded to the plan which he (Dr. Hicks) had recommended in his recent paper "On Combined Version," because he felt sure that it was a very useful one, and not difficult to anyone who would take the trouble to learn it. He had known at least nineteen cases, many of them very severe, in which it had been used, with only one death, and that arising from extreme hæmorrhage before seen, and which could not be put down to version. In all his cases there had been immediate cessation of bleeding as soon as the breech was in the os, and he had found that almost in every case labour pains expelled the child within two or three hours from the commencement of the operation. This point it was important to know in order that we might make our arrangements accordingly. The child was a most efficient plug, and it could be brought down as soon as the os would admit a finger or two. With regard to the small size of the os preventing turning in the above-mentioned mode, he could say it must occur but seldom; when it did so, the detachment of placenta round by one finger generally liberated it considerably, enough at least to introduce two fingers; if not, the elastic bags could be used with much advantage. We must judge of treatment by its practical application: our hands we have always with us, whereas if called to a case at a distance from home, or in great hurry, it would be impossible sometimes to obtain the plug now shown. The effect of version upon the life of the child he could not compute. Doubtless cephalic was the best presentation; but he had not found in his cases any great mortality. The important point was not to hurry the case after the breech was in the os. The child was generally destroyed by drawing it down before the os uteri was open sufficiently. When the breech was in the os, the case in almost every instance might be left to nature, adopting the rule as in breech cases.

(To be continued.)

Brechin: Munificent Bequest.—A meeting has been held at Brechin for the purpose of taking steps to secure the gift of 1,000*l.* bequeathed by the late Dr. Don, of Bearehill, for establishing an hospital or infirmary and dispensary at Brechin, provided another 1,000*l.* should be raised. The Earl of Dalhousie presided, and promised 100*l.* towards this object; Sir James Campbell, of Stracathro, has also given 100*l.* The total amount subscribed is 275*l.* It is expected that 600*l.* belonging to the funds of the old dispensary will be available for the new institution.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 17, 1864.

THE 'TIMES' ON MEDICAL MATTERS.

The leading organ of the daily press has lately devoted considerable space and some attention to matters of a Medical nature; and from the great circulation which it possesses, all that appears in its columns is sure to gain a large number of readers, and to produce some impression, however transient, on the public mind. It is very much to be regretted that, when treating of Medical subjects, the editorial department does not take care to exercise some supervision upon the quality of the articles inserted, so that erroneous notions may not gain currency. Such care is especially necessary in the case of Medicine, in the practical details of which the old adage of "A little learning is a dangerous thing" finds frequent verification. Many years ago, not only much misapprehension, but also much positive mischief, was caused by the promulgation in the 'Times' of a supposed new remedy for malignant cholera, in the shape of castor-oil; and only last year the same Journal lent its pages to the glorification of a pretended cure for small-pox, in the form of an American indigenous plant, which is possessed of no efficacy at all. If the 'Times' were a scientific Journal, prepared to strengthen or recant its opinions according to the dictates of experience and the testimony of the learned, the appearance of mistaken views in its pages would not leave so much to be regretted; but as, whether wrong or right, its policy is never to avow that it has been in error, it is absolutely necessary for the Medical press to expose the erroneous views to which it too often gives currency, and thus to warn the unsuspecting and too credulous public against the reception of doctrines which may, if acted upon, lead to dangerous or fatal consequences.

These remarks have been suggested by the perusal of two letters, both purporting to be written by Medical men (although they are anonymous), and which appeared last week in the pages of our daily contemporary. The communications are of a very different character from one another, and on two totally different subjects; and while one is characterised by remarkable good sense, the other is marked by exactly the opposite quality. The one is "On the Supply of Medical Officers for the Public Service," and the other is "On Chloroform." The accidental juxta-position of these letters in the same journal on the same day must be our excuse for treating of them together.

The writer of the first letter, signing himself "F.R.C.S.," gives a very intelligible account of the reasons which dissuade young men from entering the service of the Army and Navy, namely, because they do not obtain so much social consideration and so much substantial remuneration in those services as they can gain elsewhere. He also combats the notion that the Profession is overstocked at the present moment, and he proves very clearly that it is not. We cannot forbear from quoting our own remarks, made in a leading article of this Journal so lately as Aug. 3, and of which the letter of "F.R.C.S." is little more than an illustration and an amplification:—

"The Army Medical Service remains in the same position as before. A large number of vacancies exist, and candidates are deficient; and of those who offer themselves for the competition, many fail to pass the examination, and those who do pass are mostly in the third class. That this result is in great measure to be attributed to the dissatisfaction existing against the Army authorities, is indubitable; but it is not true that the Profession is so overstocked as to render the Army Medical Service under any circumstances a very desirable boon to the Medical aspirant of the present day. The real fact is, that the junior ranks of the Profession are not at present overstocked, and the number of medical students is smaller than it was some years since, while the demand for young medical men is greater; but the necessity of a better education, especially in the preliminary branches, and the stringency of competitive examinations, have deterred many young men from entering upon a medical career, the emoluments of which are unlikely to remunerate them for the expenses they must incur and the time they must wait before profitable employment can be expected."

The writer, in fact, proceeds to show that, although the ranks of the Profession were crowded some twenty or thirty years ago, and young Medical men were then eager to obtain any appointment which was open to them, such is not now the case; and that while the population of the British Empire has largely increased, and our colonial possessions have augmented in number and importance, the pass lists of the different Medical Licensing Boards do not display a greater number of successful candidates than heretofore. Hence, it is evident that the demand is now greater than the supply; and it is a well-known fact that, independently of our own islands, our merchant vessels, our steam fleet, and our colonies and possessions in the distant seas, employ a large number of Medical men, many of whom are probably enjoying larger incomes and a greater amount of social respect than would be accorded to them either in civil practice at home or in the Army or Navy Medical Service. This is, in fact, a very healthy state of affairs for the members of our Profession, who, being in smaller proportional numbers and possessing a higher degree of education than formerly, will be able to obtain better terms for their professional services, and a higher rank than they formerly possessed.

The other letter in the 'Times' is "On Chloroform," and is in the worst possible taste; and unless promptly exposed, and its assumptions contradicted, may lead to irreparable mischief, by disseminating false notions upon a subject which is of paramount importance to suffering humanity. While our most learned physiologists, aided by practical physicians and surgeons, are endeavouring, cautiously and laboriously, although not yet with full success, to develop the causes of death from chloroform, and to devise means for averting such dangerous accidents in future,—at this period, on the principle that "fools rush in where angels fear to tread" (we make no personal allusion, for we know nothing of the writer of the letter), one who signs himself "*Chirurgus*" sets at nought the deductions of science and the results of general experience, and, resting his opinions

upon the results of his own practice, assumes to enlighten the English public upon what he considers to be the mismanagement of his fellow-practitioners.

He asserts that he has observed some 5,000 or 6,000 cases in which chloroform has been administered, and that he has never yet met with one that proved fatal. This may be perfectly true, and we believe it as fully as we do Dr. Humphry's statement, made in his lecture lately delivered to the British Medical Association, that no fatal case from chloroform had occurred at Cambridge. But yet this favourable result in the case of "Chirurgus's" practice may be the result of good luck rather than of good management, and we are the more inclined to think so when we read the remarks that follow. He proceeds to tell us that he takes no care in the discrimination of his cases, makes no inquiries into the patient's condition, is never deterred by the information that the heart is diseased, uses no apparatus for inhaling the chloroform, and takes no pains to have the assistance of a skilful administrator of the anæsthetic. He tells us that he uses no apparatus except a thick towel, held loosely over the patient's face, and always trusts the administration of the chloroform to the ordinary hospital students, "who, without any special training, simply follow the steps of those preceding them."

"Chirurgus" then informs his readers that the fatal effects of chloroform depend not upon peculiarities of individual constitution, but upon faults in the mode and management of administration; and that the Profession and the coroners' juries are entirely wrong in supposing that fatty degeneration of the heart has anything to do with the fatal result. He then suggests, in a tone of arrogance which cannot be too severely censured, that "a few convictions for culpable homicide would greatly promote the adoption of sound principles."

Having thus proved to his own satisfaction the superiority of his own practice, and the culpable negligence or ignorance of his professional brethren, he then propounds his own views as to the physiological reasons of death from chloroform; and here he displays such a want of knowledge on the subject as to deprive himself of all claim to the support or countenance of the Profession. He, in fact, alleges that death from chloroform arises from suffocation, and that the error at present committed is to watch the circulation instead of the respiration; and that, by a careful attention to the latter function, all danger would be averted. In a medical periodical it is almost needless to expose the fallacy involved in this view, and it is to be regretted that such erroneous statements should go forth to the general public in the columns of a newspaper. The truth is, that in many, if not most, of the cases of death from the administration of chloroform the heart has been the organ first and essentially involved, and that death appears to have resulted from syncope and not from suffocation. To adopt measures, therefore, to obviate the latter condition, while the patient is dying from the former, would be to cut off all chance of the patient's recovery; and he who would advocate such erroneous proceedings must be wofully uninformed even on the practical details of a subject on which he professes to enlighten the community.

SUMMARY OF THE WEEK.

THE MEDICAL PROVIDENT FUND.

The proposal to establish a Medical Provident Fund has met with almost unanimous approval at the late meeting of the British Medical Association at Cambridge. It is needless to expatiate on the value and importance of such a Fund to the Medical Profession, who, perhaps more than any other calling, are exposed to losses entailed by sickness and accident. A comprehensive scheme of affording succour to our unfortunate Medical brethren ought, of course, to include the provisions of a life assurance, and of the extension of assistance to Medical men when overtaken by sickness; but it has been practically found that, in order to insure the success of the proposed plan, the feature of life assurance must be abandoned, and that relief in sickness cannot be extended to persons above sixty years of age. Under these restrictions, the efficacy of the Provident Fund must necessarily be very much curtailed; but we cannot refrain from expressing our opinion that it would be unsafe to attempt more than is at present proposed. Some difference of opinion has been expressed upon the question whether the membership of the Fund should be restricted to members of the British Medical Association, or should be open to the whole Profession, but it appears to us that the latter would be the most proper course to pursue; for we must emphatically impress upon our readers, and upon the Profession generally, that the greater the number o those who join the Fund the greater will be its chance of prosperity. Two hundred members to start with will, we believe, be sufficient; but we apprehend that at least a thousand will be necessary to constitute the Fund upon a firm basis, and guard against the risk of failure.

THE HEALTH OF OUR WATERING-PLACES.

At the present season of the year, when all the population who can afford the time and the expense are rushing off to the sea-side, or to other supposed resorts of health, the public mind has been startled with some results obtained from the returns of the Registrar-General, and which seem to militate against some of our preconceived views as to the relative salubrity of certain watering-places. Thus it would appear that the places with a mild and relaxing climate are more healthy than those which possess a more bracing air, as may be seen from the fact that in the Isle of Wight the deaths average 17·1 in 1,000; the sub-district, including Ventnor, 15·4; Torquay, 17·1; Eastbourne, Seaford, 17·3; Hastings and St. Leonards, 18·3; Ramsgate and Broadstairs, 19; Brighton, 22, Whitby, 22·1; Margate, 22·3. But one of the clergy of Ramsgate, writing to the 'Times,' points out that there is an important fallacy underlying these returns, because the census is always taken in April, when all bracing places are empty of visitors, and all relaxing places are full. In Ramsgate, for instance, the

resident population is about 12,000, but at the present period of the year it expands to nearly 20,000; and it is argued that it is unfair to reckon the deaths of non-residents among the returns. The clergyman alluded to shows that, deducting the deaths of non-residents, the average of deaths in Ramsgate is only at the rate of 15·25 in 1,000, the lowest average in England for the preceding ten years; that of Ventnor being 15·4. The returns of the Registrar-General will, however, be of great service in causing our sea-side towns to exercise increasing vigilance in removing sanitary defects, if any exist; or, if they do not, in maintaining the standard of salubrity which they have already attained.

POISONING BY THE CALABAR BEAN.

The first instance, we believe, of poisoning by the Calabar bean in this country occurred last week in Liverpool, when no less than sixty children, who accidentally partook of these seeds, were seized with dangerous symptoms, and one died. Until we received the report of this case, we were not aware that the beans were imported into this country as an article of commerce; and, indeed, when the researches upon the peculiar effects of the beans in Medical practice were being carried out, we understood that they were very scarce, and that specimens of them were procured with difficulty. In another part of our Journal we have related the particulars of the poisoning, and it appears that the toxical effects are those of a narcotico-acrid, and not of a pure narcotic as opium, although the Calabar bean resembles opium in causing contraction of the pupil. The treatment seems to consist in the administration of emetics to expel the poison from the stomach, and of stimulants to rouse the vital powers.

TELEGRAPHY AND THE CAMBRIDGE MEETING.

Our contemporary the 'Lancet' has beaten old Time himself completely hollow, for it has achieved the remarkable feat of reporting a lecture, printing it, and publishing it, before it was delivered! Such is positively the fact, for Dr. Humphry's Lecture on Surgery, delivered by that gentleman on Friday afternoon, August 5, was actually printed in London on Thursday, August 4, and sent to Cambridge on Friday morning, when it was read by the audience assembled to hear the address. Various explanations have been offered as to the mechanism by which this feat was accomplished, and some have supposed that the difference in longitude between Cambridge and London, and the known fact that the electric telegraph travels more quickly than the earth revolves round its axis, may explain the mystery; but this solution of the problem is not satisfactory to our own minds. We understand that it is probable the question, owing to its great intricacy, will be proposed to the candidates at the next examination for the Mathematical Tripos.

The Murderous Assault on Dr. Rowe.—At the assizes held at Liverpool yesterday-week, James Potts Brice and James Scott were tried for the savage assault committed by them on Dr. Rowe. They were found guilty and sentenced to eighteen months' hard labour.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. I. B. Brown continues his "Clinical Lectures on the Diseases of Women remediable by Operation." In the present discourse he treats of Retroversion, Retroflexion, and Anteflexion of the Uterus. The first is the most common, and the third the most rare, kind of displacement. Retroversion may generally be rectified by position, by manipulation, and by keeping the urine evacuated by the catheter; but retroflexion, according to Mr. Brown, sometimes requires for its cure that incisions should be made in the os and cervix uteri.——Dr. Murchison continues his "Contributions to the Etiology, Pathology, and Treatment of Scarlet Fever," his present subject being the exciting causes of the disease. He shows, what is indeed generally acknowledged, that scarlatina is caused by a peculiar poison capable of being communicated by the sick to persons in health. Dr. Murchison also shows that the period of incubation of scarlet fever is very variable, and its limits are from a few minutes to five days, though it rarely, if ever, exceeds six days.——Mr. F. H. Alderson gives a report of a "Case of Diphtheria, followed by Idiopathic Tetanus," the mouth being closed for twenty-four days, but the patient ultimately recovering. The case presents several points of interest, among which may be mentioned the fact that the attack seemed to be traceable to the patient having nursed some children suffering from malignant scarlatina. The treatment consisted in the administration of brandy and nutritious aliment, of croton oil given by the mouth, and of blisters locally applied.——Dr. F. H. Morris, under the head of "Contributions to Practical Medicine and Surgery," contributes a short paper on "Iodide of Potassium as an Antilactescent." The case on which the paper is founded was that of a female who lost her child a few days after birth, and in whom the iodide arrested the secretion of milk.

PARISIAN MEDICAL NEWS.

SUTURE OF THE MEDIAN NERVE.

M. Laugier recently communicated to the French Academy of Sciences some interesting particulars he had noticed at the Hôtel-Dieu, in a case of serious injury of the fore-arm.

The radial and ulnar arteries, the palmaris brevis and longus, a portion of the flexor digitorum sublimis, and the median nerve, had been completely cut across. The hæmorrhage being considerable, M. Ledentu, the interne of the ward, immediately secured both arteries, but failed in discovering the superior division of the nerve in the wound, and closed the latter with three separate sutures; the hand was then laid on a cushion in semi-flexion. The hæmorrhage was thus checked, but next morning M. Laugier had no difficulty in detecting the effects of the entire division of the median, and of the partial section of the radial nerves. The Professor's attention was especially arrested by the loss of the movements of opposition of the thumb, and of sensation in the parts to which the median is distributed; and he conceived that, in order not to throw away the chance of restoring both to the patient, it was desirable to connect without delay both ends of the nerve by means of a suture. The wound was accordingly re-opened, and the hand was placed in extension; the inferior segment of the nerve was

immediately visible, protruding about one inch above the annular ligament, but the superior extremity had been drawn upwards with the fibres of the flexor sublimis. After short but unavailing attempts to recover it, M. Laugier found it impossible to expose the nerve without an excision. Chloroform was therefore at once exhibited, and the flap was divided vertically in its middle, on the anterior aspect of the fore-arm, in an extent of rather more than two inches. The flexor sublimis was incised, and the trunk of the nerve became apparent, and a silk thread was inserted through it with a nearly straight needle. The thread was then run through the upper extremity of the lower segment of the median nerve, and the ligature was tightened so as to bring into contact without violence the nervous surfaces; one of the ends of the thread was cut away, and the other was allowed to lie in the inner angle of the external wound.

The results of the operation were perfectly satisfactory. It was formerly believed that sutures applied to divided nerves occasioned excessive pain, and gave rise to formidable complications, such as tetanus. Nothing of the kind was observed in the present case. With regard to the restoration of the movements and of sensation, we may briefly state that on the very evening after the operation the patient was enabled to feel—indistinctly, it is true—the contact of objects applied over the previously paralysed surfaces. The next day the return of sensation was more evident, and the thumb was readily brought into opposition with the other fingers. The case has since progressed rapidly, and presents several points of much interest to the physiologist.

Already, on a former occasion, alluded to by M. Laugier, M. Nélaton performed the same operation with success, in a case of neuroma of the median nerve. After the excision of the tumour, and the removal of about ten lines of the nervous trunk, the surgeon united both ends with a metallic ligature, and in the course of forty-three hours sensation and motion began to return, and no accident supervened to retard the recovery.

These practical facts supply us, therefore, with full confirmation of M. Flourens' valuable experiment on the possibility of restoring motion and sensation, by uniting the divided extremities of a severed nerve. They further teach, as M. Velpeau remarked, that the return of the functions is very rapid—a circumstance which demonstrates, in opposition to the views entertained by some authors, that the restoration of sensation and motion is due to the direct apposition of the divided nervous tubes, and not to any indirect transmission of nervous power through other channels.—'Journal of Practical Medicine and Surgery.'

THORACENTESIS.

The Medical Society of the Hospitals of Paris lately engaged in a long and somewhat confused debate on the subject of thoracentesis; at its conclusion, M. Béhier summarised the various opinions expressed in an analytical review, of which the following is a brief abstract:—

"The surgeon is justified in proposing and performing thoracentesis," said M. Béhier, "whenever a very considerable effusion within the chest proves refractory to the usual remedies, and *à fortiori* if it increases;

"Whenever the patient appears too weak to bear the protracted effort of Nature to procure the absorption of an effusion occupying the whole or nearly the whole of one side of the chest;

"Whenever, in cases of a moderately abundant effusion, the lung presents on the opposite side a morbid condition calculated to add to the difficulty of breathing—such, for instance, as bronchitis, a certain amount of œdema, &c.;

"Whenever the subject seems predisposed to tuberculosis, no physical signs of such predisposition being discoverable, or even when positive proof of tubercular disease is afforded by auscultation on either side of the chest. If clear evidence of the presence of tubercles is detected in that side of the chest which is not the seat of the pleuritic effusion, the chances of success of the operation are, however, much less numerous.—'Journal of Practical Medicine and Surgery.'

ARMY MEDICAL DEPARTMENT.

The Director-General of the Army Medical Department presents his compliments to the Editor of the Medical Circular, and begs to enclose a list of the candidates who were successful at the Competitive Examinations in February and March last, and who have passed through a course at the Army Medical School, showing the combined results of the examination.

6 Whitehall yard, London,
12th August, 1864.

Names.	Studied at	No. of Marks.
Wallace, M.D., Jno.	Edinburgh.	5,064
Jobson, M.D., Wm.	Edinburgh.	4,755
Fleming, M.D., Josh.	Glasgow.	4,584
Atkinson, Warner.	New College, London.	4,547
Phillips, M.B., H. R.	Dublin.	4,486
Orwin, Thos. Wm.	London.	4,447
Hickson, R. C. C.	Dublin.	4,157
Bolster, M.D., Thos. G.	Dublin and Cork.	4,121
Melladew, M.D., H. F. L.	Lond. and Edin.	3,981
Middleton, M.D., Jno.	Edinburgh.	3,956
Finegan, B. J.	Dublin.	3,880
Leslie, M.D., D. A.	Aberdeen.	3,789
Muir, M.D., H. S.	Glasgow.	3,765
Maxham, M.D., Jno. Wm.	Edinburgh.	3,642
Hyde, Robert.	Dublin.	3,628
Barrow, M.D., Thos. S.	London.	3,611
Cogan, Michael.	Dublin.	3,594
Turner, M.D., Richd.	Lond. and Edin.	3,578
Churchill, M.B., C. F.	Dublin.	3,493
Babington, T.	Dublin.	3,486
Ambrose, M.D., Jno.	Cork.	3,479
Atkinson, Jas.	Dublin.	3,455
Anderson, Jno.	Manchester.	3,402
Johnson, M.B., Francis.	Dublin.	3,335
Minty, M.B., Alexr.	Aberdeen.	3,306
Atkinson, M.B., Geo.	Dublin.	3,292
Burke, Jas.	Dublin.	3,257
Gray, M.D., Jas.	Aberdeen.	3,226
Malcolm, M.D., J. V. T.	Edinburgh.	3,226
Kirkwood, T. M.	Dublin.	3,157
Watts, A. N.	London.	3,119
Davies, R. W.	London.	3,091
Dooley, Geo. F.	Dublin.	3,073
Dunlop, Robert.	London.	3,036
Stock, Jno. N.	Dublin.	3,035
Ball, M.D., John Josh.	Dublin.	3,030
King, Jas. Geo.	London.	2,975
Lithgow, M.D., A. M. S.	Edin., Glasg., & Paris.	2,964
Ross, M.D., D. P.	Edinburgh.	2,960

EXAMINATION AT THE CLOSE OF THE EIGHTH SESSION OF THE ARMY MEDICAL SCHOOL, ROYAL VICTORIA HOSPITAL, NETLEY, BETWEEN JULY 26TH AND AUGUST 3RD, 1864.

A. Written Questions.

(1.) *Military Surgery.* (Professor T. Longmore, Deputy Inspector-General.)

1. Mention the several purposes for which the convex and concave spectacles are supplied in the regimental optical and ophthalmoscopic case of instruments, and describe the method of using them, in conjunction with the test types for distinguishing emmetropia, myopia, hypermetropia, whether simple or complicated with presbyopia or amblyopia. Explain the theory on which the diagnosis in each instance is established.

2. Describe the nature, effects, and proper treatment of osteo myelitis after gunshot injuries of long bones, or of amputations consequent upon them.

3. Describe accurately, step by step, the operations of excising the shoulder and elbow-joints, each by a single linear excision, as practised in the post-mortem room.

(2.) *Military Medicine.* (Professor W. C. Maclean, M.D., Deputy Inspector-General.)

1. From what date may cholera be said to have engrafted itself on the epidemics of the soil of India? What are the conditions which appear to act most powerfully as predis-

posing causes of the disease? What influence do high or low situations respectively exert—

(*a*) On the proportionate mortality of those attacked?

(*b*) On the proportionate number of those seized?

Explain in what way excessively long marches appear to increase the virulence of an epidemic of this disease in soldiers, native or European, in India. Give an accurate description of the premonitory and actual symptoms

(*a*) In the slight,

(*b*) In the severe forms of the disease,

and describe the effects of its presence on the blood and secretions. What are the chief points to keep in view in our endeavour to exclude this disease from garrisons, camps, and cantonments, and to mitigate the severity of an epidemic when it appears? Give a description of the most rational treatment

(*a*) In the premonitory,

(*b*) In the confirmed,

(*c*) In the state of febrile reaction,

particularly stating in what stage and to what extent opium is safe.

2. What is the average weight of the liver, in health, in a man between the ages of eighteen and forty? Describe accurately its normal position and limits; explain the most common causes of abnormal position of the gland; give the precautions necessary to accuracy in the use of percussion and palpation in investigating hepatic diseases.

3. Give as complete an account as you can of the therapeutic uses and value of ipecacuanha in tropical medicine.

(3.) *Military Hygiene.* (Professor E. A. Parkes, M.D., F.R.S.)

1. What are the chief causes and effects of impurity of air in the habitations of men?

2. How would you determine the amount of carbonic acid, watery vapour, and suspended matters in the air?

3. Enumerate the principal adulterations of wheat flour, and state how you would determine—

(*a*) The quality of the flour;

(*b*) The presence of pea flour, oats, and maize.

4. What has been the Medical history of the West Indies as far as Europeans are concerned? State explicitly what you would do in a West Indian Station, if there occurred—

(*a*) A considerable number of diarrhœal and dysenteric cases;

(*b*) A considerable number of admissions from typhoid fever;

(*c*) A number of admissions from paroxysmal fever;

(*d*) Occasional outbreaks of yellow fever.

(3.) *Pathology.* (Professor W. Aitken, M.D.)

1. Give a classified account of the lesions in the kidney which were demonstrated during the past session in the practical room.

2. Describe the nature and probable origin of the parasitic cyst in the liver which proved fatal in the case of Private ——, as shown at the post-mortem examination of June 28th, 1864.

3. Mention the period of incubation, and describe the course and progress of an infecting venereal sore; and contrast your account with similar details relative to venereal sores which do not infect the system.

B. PRACTICAL EXAMINATION.

(1.) *Military Surgery* and

(2.) *Military Medicine.*

Make an examination of the case of ——. Write concisely a history of the case, your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease, or injury, on the man's fitness for service as a soldier.

(Twenty minutes allowed for the examination; half an hour for the description.)

(3.) *Hygiene.*

Examination of two specimens of water;

Examination of adulterated milk and adulterated beer;

Microscopic examination of adulterated wheat flour.

(4.) *Pathology.*

Description of various preparations and microscopic specimens, and examination of secretions.

MEETING OF THE BRITISH MEDICAL ASSOCIATION AT CAMBRIDGE.

DR. ORMEROD ON FATTY DEGENERATION OF THE HEART.

The following are the remarks on "Fatty Degeneration of the Heart," made by Dr. Ormerod in his Address on Medicine, and which we were compelled to postpone last week from want of space:—

"It has been said that the decomposition of muscular tissue may be so regulated that the ultimate result shall be fatty matter; and it has been suggested that the transformation which takes place in the living body is the same as that which we can induce artificially by these means: in fact, that fatty degeneration is a physical, and not a physiological or pathological process.

"The experiments conducted for me by Mr. J. Peel, with all conceivable exactness, have not justified this view. I subjoin an account of these experiments in detail; for the present I will merely recapitulate the results at which we have arrived, and which seem incompatible with any purely chemical theory of fatty degeneration.

"We found the excess of fatty matter in a fatty heart to consist of oleine, not of margarine, which is the normal fatty constituent of the human heart. Adipocere was proved to be by no means chemically identical with animal substance which had undergone fatty degeneration. It was merely a soap of lime combined with the fatty acids pre-existing in the tissue. There was no new fatty acid made—as is the case in fatty degeneration—during the change into adipocere, no substitution of oleates for margarates; and, indeed, it seemed that we could prevent the formation of adipocere altogether by carefully excluding lime during the process. We submitted weighed portions of muscle, in which the quantity of fatty matter had been previously determined, to more than one process for making adipocere, and carefully analysed the results. In no instance was the fatty matter found to have been increased during the operation. On these grounds I cannot doubt that adipocerous transformation is a saponification, not a degeneration, and that fatty degeneration of the heart is a pathological result not attainable by any of these chemical processes.

"Commencing decomposition simulates very closely that change in the heart's muscular structure which is known as the first or granular stage of fatty degeneration. I have been deceived by it myself; and such a mistake is all the more likely to occur, because granular degeneration, like decomposition, may involve the heart uniformly over a very wide extent; much more widely than distinct fatty degeneration ever does, probably because the destruction of the muscular fibres is less complete. This same uniform appearance of granular degeneration is also highly characteristic of the effects of maceration in dilute spirit, on the muscular structure of the heart; but it is not really fatty degeneration. Ether only clears these fibres of some of the granular dottings, it does not entirely remove this appearance; still less does it empty the sarcolemma. Further, chemical analysis of a portion of heart which has undergone this granular degeneration during life shows but a slight increase in the normal quantity of fatty matter. This change is the first step, both in the chemical transformation into adipocere, and in the pathological replacement of the muscular fibre by oily matter; but it is not itself fatty degeneration. These dots are not oil globules, but the signs either of an integral change, on which fatty degeneration is subsequently engrafted; or, if so it should be, of commencing decomposition.

"The general conditions with which fatty degeneration of the heart is found to coincide are, for the most part, those with which we connect muscular atrophy and fatty degeneration of other organs. Such are phthisis, hæmorrhage, debility, from long mental or bodily suffering, and the effects of indolence or intemperance. The cases, however, with which we are here chiefly concerned are those when

the heart does not so much share in the general decay, as the decay begins at the heart, where the wheel is broken at the very cistern, as it were. Sometimes, while all the functions are regularly performed, the heart alone of all the organs is undergoing this fatal change; and the first intimation than anything has been going wrong is the sudden death of a seemingly healthy man. A gradually accumulating experience has, indeed, given us some general grounds for conjecturing the existence of fatty degeneration of the heart during life; and sudden death from this cause rarely comes altogether without warning. Still the fact remains, that in this decay the heart will often outstrip all the other organs, and will fail from a form of disease against which one would have thought that its own functions, its own constant activity, were the best preservatives.

"We are not in a position to say precisely what is the cause of this peculiar change originating in the heart's structure. We know, indeed, that the heart is liable to undergo fatty degeneration in consequence of inflammation extending inwards from the pericardium; but such an occurrence is rare. Indeed, the habitual absence of all traces of inflammation of the lining membrane of the heart, in cases of fatty degeneration—recollecting that this disease, as a rule, extends from within outwards—negatives the idea of inflammation, in the common acceptation of the word, being its habitual cause.

"Yet we cannot entirely dismiss the idea of inflammation as a cause of fatty degeneration of the heart, though the process which leads to this result has little in common with that which we familiarly know as tending to the exudation of coagulable lymph or pus. The aneurismal pouches which we find in the ventricles seem to originate in such a process. We see only the ultimate results over the prominent part of the sac; but at the edges, where it adjoins the healthy muscular tissue, we gain some insight into the nature of the process by which these results are reached. And here the zone of intense congestion points to excessive vascular action, to give it no more exact name, as the cause of this change of structure. One such case occurred in a girl, fifteen years of age, who had been ill only one month, and had suffered from heart symptoms during only a fortnight. And here the congestion was most intense at the line of union of the diseased and healthy tissues. Whatever share, however, this excessive vascular action may have in the process, the real analogies of acute fatty degeneration of the heart are to be found, not in inflammation of any organ, but in yellow atrophy of the brain and yellow atrophy of the liver,—both essentially acute fatty degenerations.

"Perhaps few pathological principles have met with more prompt and general acceptance than fatty degeneration of the heart in all its bearings; for, while it offered a sufficient explanation of much that had before seemed perplexing, it contradicted no known and established doctrines. Subsequent clinical experience has confirmed and extended the earlier deductions, and extends them still; and if yet there is a feeling of disappointment because angina pectoris has not received a full explanation from our present knowledge of fatty degeneration of the heart, is not this partly because cases of angina pectoris have seemingly become more rare, from the greater precision which the knowledge of this anatomical change has introduced into the nomenclature of cardiac disease?"

REPORT OF THE PROVIDENT FUND COMMITTEE.

We last week briefly reported the proceedings at Cambridge on the subject of the proposed Provident Fund, and we now print the Report of the Committee appointed last year at Bristol.

Dr. Richardson, as Chairman of the Committee, read the report, of which the following is a copy:—

"The Provident or Relief Fund Committee was appointed last year at the Bristol meeting, to consider and report on the question whether it be possible to establish, under the direction of the Association, a relief fund, which shall enable the widows of members, or the orphans of members, or members themselves, during sickness to receive pecuniary aid by annuity or otherwise, on the principle of mutual protection and right.

"The Committee have to report that their first meeting was held at Birmingham, the second in London, and the third at Cambridge. A sub-committee was also appointed by the first meeting, and has been actively engaged.

"The Committee has aimed at the attainment of two objects—first, to procure trustworthy information on the whole subject; and secondly, to frame such suggestions as appear, after due inquiry, to arise out of the facts that have been collected.

"Before entering into particulars, the Committee would briefly observe that in the course of their labours they were for a moment interrupted by the suggestion that an enlarged annuity scheme in extension of that which became law during the last session of Parliament would probably be introduced at an early period by the Chancellor of the Exchequer. The Chairman of the Committee was, therefore, directed to ascertain, if possible, whether this statement was well founded; and he has been informed by Mr. Gladstone that 'the Government have not formed any such intention as that referred to.' This supposed obstacle is, therefore, removed.

"The Committee would next report that, owing to the difficulties of arriving at a correct decision by their own efforts, it was agreed at their first meeting, on the suggestion of Sir Charles Hastings, that the sub-committee, consisting of the Chairman and Dr. A. P. Stewart, should consult Mr. Tidd Pratt, and take his opinion on every essential point of the project. This has been effectively done; and upon the information thus obtained the following statements are based:—

Facts.

"1. The Committee are satisfied that, in considering a scheme for the formation of a relief fund, it is essential that two of the elements suggested at the Bristol meeting—namely, the granting of annuities and the making provisions for widows and orphans—must be entirely abandoned, and that the fund must be devoted exclusively to payments to sick members. Deferred annuities are now so easily purchaseable from Government, and insurances are so readily effected with good offices, that this decision of the Committee calls for no regret.

"2. By directing the attention of the Association solely to one object, there is no doubt whatever that a provision against sickness could be easily and economically secured; and the Association, through its branches, affords an organisation admirably adapted for obtaining these benefits.

"3. The number of members necessary to give stability to such a fund must not be less, according to Mr. Pratt, than 200. He states that '200 would be sufficient to enable the fund to start with a sufficient average.' This is the lowest estimate. But the Committee do not doubt that, the scheme being once established, a sufficient number of members would be obtained to ensure its permanence. It is, of course, understood that the fund would only be joined by persons actually in good health.

"4. The payments must necessarily vary with the age at which the subscriber commences his membership; but the Committee have taken the age of thirty-five for the purpose of illustration. They have also taken a payment of 2*l.* a week for the same purpose. They find that, at the age of thirty-five, the two pounds a week can be secured by the payment of 17*s.* 1*d.* per quarter, or 3*l.* 8*s.* 4*d.* per year. To this must be added a small sum of from 3*s.* to 5*s.* per year, for the working expenses of the institution. The payment would be continued, in case of need, for one year without diminution, and for a second year at a reduction of one-half. It would, in any case, terminate at the age of sixty. These statements are based upon the experience of fifteen successful institutions; and may be considered as absolutely reliable. If larger payments are wished for, they may be made by multiplying the above figures. It would be necessary that members should contribute for one year before they became entitled to relief.

"5. In forming a provident fund in connection with the

Association, three modes of action present themselves, namely—

"α. By enrolment under the Friendly Societies' Act.

"β. By independent association without special legal sanction.

"γ. By obtaining a royal charter of incorporation.

"The first of these is objectionable, because it would necessitate the enrolment of each separate Branch as a distinct society without any federal centre.

"The second plan, or independent association without legal sanction, is perfectly feasible; but the proceedings would rest entirely on the good faith of the members and the management. The Committee feel, however, that the organisation might safely commence on this basis.

"The third plan, that of obtaining a royal charter of incorporation, is, in the opinion of the Committee, by far the best. It would place the association in a position that it has never before attained; it would give legal authority to all its statutes; it would render the relief fund permanent; and would powerfully contribute to the stability of the Association. Mr. Pratt is of opinion that, on the basis of the Provident Scheme, the charter would be easily obtained; and he has sketched out for the Committee the method of applying for it. The Committee find that such a charter would cost from 250*l.* to 300*l.*

SUGGESTIONS.

"1. The Committee would suggest that the Relief Fund might be commenced forthwith, from the nominal date of July 1st last past, and that the subscribers should be eligible to receive benefit from July 1, 1865, after payment of their second annual subscription.

"2. That, in order to carry out the project, a board of directors should be nominated in the following manner, to wit:—

"One director to be appointed by the members or Council of every branch; or, in the case of very large branches, two, or even three, directors in proportion to the numerical strength.

"Three, or five, directors to be appointed by the Committee of Council on account of members not represented by branches.

"A chairman to be elected by the annual meeting from the body of the Association.

"The directorate thus formed have power to appoint their own officers, and to determine their remuneration. They would furnish, also, the annual report at the time of the annual meeting.

"3. A question which has given anxiety to the Committee is, whether the Relief Fund should be open to the Profession generally, or should be limited to the members of the Association. A large majority of the Committee are in favour of the latter scheme, against which it is only urged that membership of the Association being of the nature of a luxury ought not to be a condition precedent to an act of foresight and self-denial."

At this stage of the report the Chairman read the following protest from one of the members of the Committee:—

"Stroud, August 3, 1864.

"The undersigned is desirous to call the attention of the Association to the question, Whether the proposed Provident Fund would be open to the Profession generally or to members of the Association only?

"Upon reflection, the undersigned feels more and more strongly that its limitation to members of the Association would be a great and unjustifiable hardship to many struggling men. Such a limitation might, as is justly urged by the majority of the Committee, bring new members into the Association; but would it not certainly keep others, and those the most necessitous (for whom their more fortunate brethren are surely bound to take thought), from sharing in the benefits of the provident scheme?

"The undersigned begs leave to suggest that the Association might include two forms of membership—membership of the provident fund and membership of the general fund, and that it should not be compulsory to belong to both or neither. He is strongly of opinion that men who joined the provident fund would be certain to join the general fund when their means permitted them to do so; and he would venture to hope that the great majority of members of the general fund would support the provident fund also. But he would much regret that the tax of an extra guinea should stand in the way of any practitioner of small means who yet wished to secure himself against want in the time of sickness.

"ROBERT B. CARTER, F.R.C.S."

"4. Another question of importance is whether the sick members during convalescence should be absolutely debarred from any act of professional work. On this point, Mr. Pratt is of opinion that 'no member should receive relief in sickness from the fund if he is capable of attending to any professional labour;' but the Committee think that this question may be safely left to the patients, and to those who sign certificates for them, and that such certificates should declare *unfitness* for work, rather than positive disability. This, as a matter of detail, the Committee would leave with the directorate.

"5. The Committee have reason to believe that, if the fund were established, donations and legacies would be added to it; but all the calculations have been made irrespectively of such a source of income.

"6. To meet preliminary expenses, should the Association adopt the report of the Committee, a moderate grant from the funds would be required. The Committee would suggest a sum of 50*l.* to be paid by the Treasurer as it was demanded.

"6. It would devolve upon the board of directors to prepare detailed rules and bye-laws as soon as possible, and to circulate them extensively in the Profession.

"8. In conclusion, the Committee cannot too strongly urge the importance of the suggested Royal Charter of Incorporation; the obtaining of which by the Association would greatly strengthen the cause they have at heart.

"Signed on behalf of the Committee,

"B. W. RICHARDSON, M.A., M.D.,

"Cambridge, August 3, 1864. Chairman."

As we formerly stated, the report was adopted after some discussion, the particulars of which will be found in our pages of last week.

GENERAL CORRESPONDENCE.

MEDICAL EDUCATION.

To the Editor of the Medical Circular.

SIR,—The hints on Medical Education thrown out by the Archbishop of York at the late distribution of prizes at St. Mary's Hospital Medical School are so replete with sound judgment, and strike so truly at many of the defects in our Medical education, that I cannot forbear offering a few remarks on the subject, in confirmation of the opinions propounded by his Grace.

As a general rule, it is but seldom that those who hold the high position of teachers in any branch of education can see the defects that exist in it.

When abuses are to be remedied in the Church, Army, or Navy, do we find that the impulse for the removal of those abuses takes its rise from those engaged in those professions?

The education of the embryo practitioner, to whom will be committed the life of his fellow-man, is not to be lightly dealt with. It is a subject to be solemnly approached, and not to be tossed about by "every wind of doctrine."

It is a subject on which the success of a Medical man's future career may depend. It is also one by which a Medical man may be able to sustain a position once acquired, and it appears to me that the Archbishop has done much for inculcating the proper mode of impressing on the minds of students the sentiments emanating from lecturers.

Now, Sir, in what respect does Medical education differ from education in other branches of knowledge? How few Medical students are there who are impressed more than students in other branches of knowledge with the necessity of

deeply meditating on every word spoken by the lecturer? How few are there whose capabilities enable them to keep up an uninterrupted attention for one hour without a pause? And, Sir, it is not for one hour, it may be for six or seven hours, I was going to say, almost consecutively.

Let me for a few moments survey the daily routine of a Medical student's career at the age of eighteen or twenty years, and tell me if it is such that his mental faculties can be improved by such wear and tear of his physical system. He is sent, it may be from the bosom of his family, or it may be from school, where he has had, at least, good air, into a city surrounded by, and exposed to, all the temptations of youth. His mornings are passed in an hospital, the air of which must be impregnated with the exhalations of disease, be it surgical or medical. His visit to the patients over, he is transported to the dead-room, there to witness the examination of disease to which the anxious student may have been devoting his attention. From thence he goes to breakfast, which finished, he may speed with all the energy of an anxious mind, to be found for an hour or more, it may be, at the dissecting-table, previous to the commencement of lectures. Come with me now into the lecture-room. The benches are gradually filling as the hour for the lecture approaches. The lecturer enters the arena. The hum of salutations ceases. Note books, it may be, are produced. Pencils are cut, and all the precursory steps for taking notes are finished. The lecturer begins. His watch lies on the table. "Gentlemen, the subject of our lecture yesterday brought us down to 'so and so.'" The lecture may be highly intellectual, truthful, and correct; he reads from notes, or it may be a written lecture of former years. The subject may be an abstruse one, and one requiring repeated explanation and commentary. It may be one in which the latest and most obscure discoveries of Medical science may be promulgated, for the elucidation of which the learned professor may have passed many anxious hours and even wakeful nights, or it may be that he has strung many sentences together, without regard to their import or connexion. The willing student writes a few lines; the lecturer has, however, got in advance of him, and when the student has finished his sentence, he finds that the lecturer's next bears but little connexion with the one which he has written; and so, with frequent interruptions, the anxious student at the end of the lecture can make but little out of what he has heard, having lost more than half of what the learned professor has been expounding. But let us turn for one moment to another class of student, who sits, it may be, with demure aspect, alternated by an occasional smile which creeps over his face. He has been thinking, perhaps, of home—it may be of the amusements which he has so much enjoyed there, it may be of the revellings of the past night, it may be of some peculiarity in the speaker, or perhaps of anything rather than the lecture, trusting to books to gain the information which thus is being thrown away. So hour after hour is passed, unprofitably to the student, and a burlesque to lectures.

Let us take an example of another class of students, probably the smaller, who prefer trusting to memory for the information gleaned from lectures, rather than noting the same in his book. Of this class let us take one; see his blood contaminated by noxious effluvias, his strength tried by night watches, and "whose candle goes not out by night" in endeavours to keep himself acquainted with what he has heard by day. Observe his anxious and tired look when he endeavours to absorb into an already overwrought brain the varied studies of a Medical career. Can it be wondered at that the "passive attention" so aptly described by the Archbishop of York is in the majority of cases not attention at all.

I have for many years taken an interest in this subject, and in private letters to my Medical friends have often brought before them the mode of instruction which I have witnessed in Italy. To take, for example, the Medical school at Pisa, which has had for many years a great reputation. The professor enters the lecture-room, the roll of students is called. He then questions the student on the subject of the previous day's lecture; the diffident he encourages, the student of moderate ability he assists. The well-read he stimulates by the remarks he makes on his well digested and accurate answers, the idle he reproves, and urges on all to put any questions that they wish to do on the subject of the previous day's lecture. This examination lasts generally ten or fifteen minutes. He then proceeds to the subject of the lecture for the day, of which he is master, and in well-considered language explains the matter of his discourse in a form comprehensible to the lowest order of minds before him, stopping at the end of every fifteen minutes to put various questions to the students on what he has been saying. In this manner, the flagging attention is kept alive, the student perceives that the intellect of the lecturer is keeping pace with his words, and a warm interest is encouraged in the subject of the lecture.

To carry out fully the ideas of the Archbishop, that the lecturer should see to the progress of the students at other times than during lecture hour, would doubtless be attended with difficulty on account of professional occupation, but during the time of the lecture no exertion should be omitted on the part of the lecturer to keep alive the attention of the student by diversifying the mode of imparting instruction.

In some Medical schools, the practice of examining the students once a week on the subject of the lectures has been attended by the very best results.

Doubtless the hints thrown out by the Archbishop will have their effect, and may be made the means of engraving many names in the memory of the public, rather than on the wooden benches, which is too much the practice among Medical students, who are frequently engaged cutting their names with their penknives on them, wholly inattentive to what is being said.—I am, &c.,

12 Via della Mercede, Rome, July 9, 1864. JOHN GASON, A.B. Fell. Coll. Phys., Irel., &c.

SUBSCRIPTIONS FOR THE WIDOW AND CHILDREN OF THE LATE EDGAR BULL, ESQ.

The Rev. H. Bromfield gratefully acknowledges the receipt of the following donations for the widow and children of the late Edgar Bull, Esq., Surgeon, of Blockley, and earnestly solicits further assistance:—

	£	s.	d.
El. Hier Evans, Esq., Monmouth	0	2	6
A Friend, Paris	0	2	11
Dr. Pritchard, Abington Abbey	3	3	0
W. Percival, Esq., Northampton	0	10	6
Dr. Ramsey, Portman square	1	1	0
Mrs. Spencer Thompson, Grangewood Lodge	0	5	0
Dr. Dale, Bayswater	0	5	0
Edwin Bartleet, Esq., Chipping Campden	1	1	0
From "Shaw," Oldham	0	10	0
Dr. Hildige, Dublin	1	0	0
Dr. Bull, Hereford	1	1	0
Dr. Hunter Finlay, Glasgow	0	2	6
B. Brooks, Esq., London	0	5	0
Admiral Collier, C.B., Blockley	1	0	0
Thomas N. Kendall, Esq., King's Lynn	0	10	0
Dr. Jeffreson, London	1	1	0
Dr. Oldham, do.	1	1	0
Dr. Herbert Davis, do.	1	1	0
Dr. Risden Bennett, do.	1	1	0
Peter Gowland, Esq., do.	1	1	0
John Hilton, Esq., do.	1	1	0
J. L., Esq., do.	1	1	0
Dr. Daldy, do.	1	1	0
Drs. Sewell and Crosby, do.	1	1	0
Dr. Sparkes, do.	1	1	0
Cambria, Boston	0	10	0
D. F. Stevens, Esq., St. Ives	0	10	0
C. F. G. and J. M.	0	5	0
T. T. Nason, Esq., M.B., Stratford-on-Avon	1	1	0
P. E., Birkhamstead	2	0	0

Blockley Vicarage, Moreton-in-Marsh, August 8, 1864.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following Members, having been elected Fellows of the College at previous meetings of the Council, were admitted as such on the 8th inst.:—Octavius Adolphus Field, Sussex gardens, Hyde park—diploma of Membership dated Aug. 12, 1836; Gerald Yeo, Royal Navy—diploma of Membership dated Dec. 24, 1841.

In the list published last week of gentlemen admitted as Members of the College on the 30th ult., the name "Bluvitt" should have been "Blewitt."

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 4th inst.:—Alex. Hampton Brewer, Victoria, Monmouthshire; George Alex. Augustus Coats, Sirhoury, Monmouthshire; John Hankinson Gornall, Royal Infirmary, Liverpool; Thomas Wimpenny Green, University of Glasgow; Arthur Hill, Cumberland street, Pimlico; Ernest Arthur Hudson, St. Mary's Hospital; Richard Hughes, Rectory, Llanddenioler, Carnarvon; William Parsons Knott, Blisworth, Northamptonshire; Joseph Langhorn, Brompton road; Frederick Lawton, Chiddingford, Surrey; Nynian Holman Lower, Lewes, Sussex; Edward Reynolds Ray, Dulwich, Surrey; Albert James Wallis, Cambridge; Charles White, Guy's Hospital; John Williams, Anglesea.

The following gentlemen also on the same day passed their first examination:—Charles Arthur Brigstocke, St. Bartholomew's; George Fowler, Guy's; Herbert Lucas, Guy's; Edward Alfred Trimnell, Guy's.

University of London.—The following is a list of gentlemen who have passed the first M.B. examination:—*First Division.*—Francis Bateman, St. Bartholomew's; Stephen Wootton Bushell, Guy's; Thomas Cole, St. Bartholomew's; Henry Greenway Howse, Guy's; James Pearson Irvine, B.A., University College; Frederic Barham Nunneley, University College; Charles William Philpot, King's College; Thomas Claye Shaw, B.A., King's College; George Christopher Tayler, St. Bartholomew's; John Burges Welch, King's College.—*Second Division.*—Arthur Bayley Adams, London; John Augustus Ball, Guy's; Marcus Beck, University College; Charles Berrell, King's College; Other Windsor Berry, Charing cross; Francis John Buckell, University College; Henry Clothier, University College; George Eastes, Guy's; Charles Kelly, King's College; John Lloyd, Queen's College, Birmingham; Charles James Hardy Smith, University College; George Owthwaite Spencer, University College; Arthur Taylor, Guy's; Thos. Pickard Warren, Guy's; John Williams, University Coll.

Excluding Physiology.—*First Division.*—John Pearson Hughes, University College. *Second Division.*—Henry Hargreaves Birtwell, St. Thomas's; Julian Augustus Michael Evans, University College; John Spencer Ferris, King's College; Ralph Gooding, B.A., King's College; John Grimes, King's College; John Wickham Legg, University College; George Hunt Orton, St. Bartholomew's.

The Army Medical Service.—A memorial has been presented to Lord Palmerston by the Royal College of Surgeons of Edinburgh on the subject of the Army Medical Service. The memorial sets forth—"That it is obvious that that department is not in a satisfactory condition, there being, as the College have reason to believe, widespread discontent among the Army Medical Officers—the Medical Service of the Army having become so unpopular that medical men are repelled from it, instead of being attracted to it; and that there is found to be great difficulty in filling up vacancies as they occur, and that to an extent which seriously mars the efficiency of the service, and imperils the health of the army." After adverting to the expedients to which the War-office has had to resort, the memorial proceeds:—"That various reasons have been stated why the service should be at the present time so unpopular—such, for example, as that the excellent Warrant of 1858, which gave so much satisfaction when it was originally issued, has not been carried out as it ought to have been; that its operation has not been extended to India, as was due to Indian medical officers; that medical officers, in consequence of the deficiency in their numbers, have a difficulty in getting leave of absence have, an undue share of foreign service, and are very slowly promoted. That, moreover, they are slighted as regards rank, have degrading duties unnecessarily imposed upon them, and as regards pay and arrangements as to retiring pension, are not remunerated as is due to men belonging to a liberal and scientific profession, qualifications in which can be attained only after long years of study and at a great cost. That the College refrain from giving an opinion as to the relevancy of these alleged causes, believing as they do that the only satisfactory means of ascertaining the real causes and amount of the evil, and of applying the proper remedies, is the appointment of a Royal Commission to inquire into and report regarding the whole matter." The memorialists accordingly petition Lord Palmerston to advise Her Majesty to issue a commission, "constituted of men of weight and impartiality, in whose judgment confidence may be reposed by all concerned."

The Guardsman Shot at Wimbledon.—Private H. Cooper, of the Coldstream Guards, who was accidentally shot on the 21st ult. at Wimbledon, died there on Tuesday at six o'clock. He was making a favourable recovery as regards the wounded side until Friday night last, when symptoms of congestion of the lung on the sound side became evident. These gradually increased in intensity, and he sank without pain at the hour stated. At the inquest held on the body, Henry Cramer Guinness deposed,—I am Staff Assistant-Surgeon, and I had charge of the detachment of Guards stationed at Wimbledon during the late meeting. I was on duty on the afternoon of the 21st of July, and I was summoned to Thomas Cooper in the Volunteer surgeons' tent. There were several Volunteer surgeons present. I took charge of him then in conjunction with Dr. Westmacott, of the London Scottish. I found that the man was suffering from a gunshot wound in the chest, and was in a complete state of collapse. The ball had entered behind between the ninth and tenth ribs, and glanced upwards to the third and fourth. It had entered at the back, at about two inches from the spine. There was a bruised mark at about an inch and a half above the nipple. The bullet was in his body. From that day the man was under my charge, in conjunction with Surgeon-Major Wyatt, and he progressed favourably until last Friday night, when congestion of the right lung set in. From that time to the time of his death, which happened on Tuesday morning, he was in an alarming condition. I made a *post-mortem*, in conjunction with Surgeon-Major Wyatt, and I found the ball produced. [The ball was shown. It was the common Enfield, and was flattened at the point.] It was lying loose against the diaphragm where the diaphragm is attached to the spine. I traced the wound from the external orifice into the lung. The ball had passed through the muscles aud through the lower lobe of the left lung, and had lodged between the third and fourth ribs on the left. The man died from congestion of the right lung, and his death decidedly arose from the injury he received. The ball is a rifle ball, and it is flattened by going through three inches of board backing.

Poisoning by Calabar Beans.—About one o'clock on Thursday last the greatest excitement prevailed in the neighbourhood of Parliament street and Greenland street, Liverpool, in consequence of a rumour being prevalent that upwards of sixty children had been poisoned by eating some obnoxious beans. Unfortunately, the rumour proved to be too well founded. It appears that between one and two o'clock a little girl named Mary Ann Foster was taken to the Southern Hospital by some women. The child was in great suffering, and the surgeons of the hospital were informed that she had been eating some beans which she had gathered from a heap of rubbish thrown from a cart on some vacant land in Greenland street. Dr. Cameron, and Drs. Wollaston and Evans, the resident house surgeons, immediately attended the child; but before they had time to administer the remedies considered necessary for her about twenty other persons arrived with children in their arms suffering in a similar way. The medical gentlemen, se

the case was an urgent one, and that the children were evidently suffering from a narcotic irritant poison, brought into requisition the whole resources of the institution, and antidotes were applied to counteract the effects of the deleterious stuff which the children had taken. The operating-room at this time presented a heartrending appearance. The poor children seemed to be suffering acutely from pain, and many of them were retching violently, while their mothers or friends were crying most piteously. From one to half-past three o'clock about forty children were taken to the hospital. One of them, who resided with his parents in New Bird street, died about ten minutes after he was admitted, although all means were taken to save him. This is the only case, up to the present, where fatal results have occurred, but several of the children are not, by any means, out of danger. The consequences would, no doubt, have been much more serious had it not been for the prompt medical assistance that the children obtained. The remedies applied were the stomach pump, emetics, stimulants, &c. The symptoms which the children exhibited were somewhat peculiar, although they clearly showed the sufferers had taken some poison of a deadly nature. The children were pale, very sick, and exhausted, and when they attempted to walk they staggered about as if they were drunk, although they had the use of all their senses, the poison which they had taken evidently not producing that stupefying effect which results from the taking of opium. Their pulsation was at first very low; some of them became feverish and drowsy, and their eyes were bright and protruding from the sockets, and in some of the worst cases the pupil of the eye was contracted. The quantity of the beans which the children stated they had eaten produced somewhat different effects. In one case, where a girl had eaten twelve, her recovery was easily accomplished; whereas in the case of another child, who stated that she had only eaten two beans, it was for some time feared that fatal results would follow. The child who died ate, it is stated, only six of the beans. From inquiries made by the police as to how the children got the beans, it appears that about eleven o'clock in the forenoon a cart, belonging to some person at present unknown, deposited a lot of rubbish on some vacant ground belonging to the Corporation, adjoining the schools connected with Great George street Chapel, in Greenland street. Some of the children began to scrape among the rubbish, and found a quantity of large oily-looking beans. The little things, in their ignorance, ate some of the beans, as they had not an unpleasant taste. The news of the discovery quickly spread among the children in the locality, whose parents generally belonged to the poorest class, and a number joined in the search and partook of the beans, with the results already stated. The police-inspectors, hearing of the occurrence, ordered the rubbish on the ground to be taken charge of by a number of policemen. Subsequently they caused it to be riddled, when upwards of a bushel of the beans was obtained. The master of St. Barnabas School, which is close by, also took a large quantity of beans from some of the children attending the school. The bean found is known by the name of *physostygma venenosum*, or "Calabar bean," is said to be used for dyeing and tanning purposes, and is a deadly poison. The rubbish from which it was obtained in so large a quantity by the unfortunate children is said by some to be ship sweepings and ballast taken from a vessel just arrived from the West Coast of Africa, while by others it is alleged to be the sweepings of a warehouse floor; but, from the nature and appearance of the rubbish, the former seems to be the most likely supposition.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 17.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, August 18.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, August 19.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 20.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, August 22.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, August 23.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Board of Works, Holborn District, Fifth Annual Report of the Medical Officer of Health.

Journal de Médecine Mentale, No. 7. July, 1864.

The Social Science Review, No. VIII., New Series.

The Canada Lancet, No. 17.

Photographs (coloured from Life) of the Diseases of the Skin. By A. B. Squire, M.B. Lond., &c. No. 1. London: John Churchill and Sons, New Burlington street.

The Chemical News, 242 and 243.

The Pharmaceutical Journal, Vol. VI., No. II.

The Dublin Quarterly Journal, No. LXXV.

The Canada Medical Journal, No. 2.

Metamorphoses of Man and the Lower Animals. By A. De Quatrefages, Paris; translated by Henry Lawson, M.D., &c. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

The Rev. H. Bromfield's letter is inserted.

Castleton, *Yorkshire*.—The L.F.P.S. Glasgow is equivalent to the diploma of a College of Surgeons, and we believe that the L.R.C.P. Edin. is equivalent to a licence in Medicine, although it gives no right to the possessor to practise pharmacy in England and Wales.

The Griffin Testimonial Fund.

To the Editor of the Medical Circular.

Sir,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Messrs. Clark and Elliott, Lynton	0	10	0
Ed. Hall, Ulverstone	0	10	0
Geo. Bulmer, Esq., Leeds	0	10	0
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Thos. Robinson, Esq., Cheadle	0	2	6
Joseph Toynbee, Esq., Saville row	1	1	0
Francis Davies, Esq., Pershore	1	1	0
Amount previously announced	48	3	0
Received at 'Lancet' Office	3	11	0

Yours obediently,

Robert Fowler, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
August 10, 1864.

The Army Medical Department.—The list is published.

The University of Cambridge.—The paper from a member of this University shall appear next week.

A Surgeon of Volunteers.—Considerable want of Medical etiquette was exhibited in the case of the soldier Cooper who was unfortunately shot at Wimbledon. The case properly belonged to Mr. Wyatt, but Dr. Westmacott happened to be the first surgeon applied to, and very properly rendered his services until those of Mr. Wyatt could be obtained. The presence of Mr. Prescott Hewitt, although unnecessary, was caused by the zeal of some of the military authorities. We are decidedly of opinion that Dr. Westmacott ought to have been invited to the post-mortem examination.

A. B.—We have heard that the disease was delirium tremens, but we do not vouch for the fact.

Dr. Gason.—The subscription has been received.

A Subscriber.—The question is surrounded with considerable difficulty, but our impression is that the appointment was for a year, and that the Medical Officer, therefore, could not be dismissed before the expiration of that term.

Quæso.—The permanganate of potash is a powerful antiseptic, and may be used in the form of a gargle or lotion. It has, we believe, been used internally in the treatment of diabetes, but we do not know with what success.

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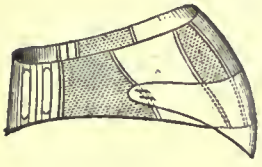

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ORIGIN AND NATURE OF SYPHILIS.

By Richard Samuel Sisson, M.D.

(Continued from page 104.)

It appears to me that if, as we are told, hard and soft chancre are totally different diseases, it would be impossible for us to convert one into the other by any means we possess, and our experience in other diseases is opposed to such a theory; and consequently I believe the statements of Lee and De Meric go to prove that the hard and soft chancre are the same disease, but in a different state of activity.

Let us see if the results of syphilization bear out Professor Aitken's statement—viz., that it has been shown that the infecting sore is not inoculable upon the patient himself, nor upon a person who has been contaminated by syphilis.

Dr. Aitken thus describes the process :—

1. Matter is taken from a sore, *an indurated one by preference.*

2. *A patient suffering with secondary syphilis, is inoculated.*

3. From the pustule, which forms in about three days, fresh inoculations are made.

4. Every third or fourth day continue so to inoculate, always taking matter from the last pustule, so long as it continues to give any result.

5. When it ceases to give any result, new matter is to be sought for from another *primary indurated ulcer*, and continuous inoculations to be made as before on the sides of the person's body, and so on until no further inoculations will succeed.

It appears, then, if these rules are available and collected from reliable experiments, that not only is the infecting sore inoculable upon another syphilitic patient, but is also capable of auto-inoculation; for Ricord, Marston, and others have shown, that although inoculation from a hard chancre upon a syphilitic patient may produce a chancre with a soft base, yet the result of inoculation with matter from this sore upon a previously healthy individual will be an indurated chancre, which may be followed by constitutional symptoms; proving thereby that this soft sore is a truly infecting chancre.

Syphilis, says Professor Aitken, in course of time tends to wear itself out of the constitution. Hence the *modus operandi* of so called syphilization may be explained conjointly by—1. Lapse of time. 2. By continuous suppurations affording a drain or source of depuration to the system.

Now, this explanation appears to me unsatisfactory; for if the syphilitic poison was eliminated from the system, surely we should expect, not that the inoculations should at last fail, but that we should have the indurated chancre reproduced in all its pristine vigour.

Boeck holds syphilization not to be merely a local process, acting by derivation or by reparative suppuration, but to be analogous to vaccination ('New Syd. Soc. Year-Book,' 1860). And Marston, Seaton, and Simon have shown a constant relation to exist between the number of the sufficient cicatrices and the degree of protection afforded by vaccination. (Aitken's 'Pract. Med.')

By analogy, then, we must conclude that one attack of syphilis does not necessarily confer perfect immunity against another; and since it is stated, on the best authority, that the result of syphilization is the same from whatever kind of chancre the inoculations are made, we are, I think, driven to the conclusion that there is but one chancrous poison; and that the character of the sore is determined either by locality, or constitutional peculiarities. The first I infer from the statement of Ricord, that "he has never seen soft chancre on the face or cranium, though he has met with indurated chancres in hundreds in those situations; and the last, from the well-known fact that indurated chancre is rarely seen in women.

There is nothing remarkable in the fact that chancre contracted by a previously infected individual should put on an appearance different from what would occur in a healthy person. When one only partially protected by a previous attack of small-pox, or by vaccination, is subjected to infection, how is he affected? Not by a regular attack of variola, but by a modified form, in which the eruption stops at the papular or vesicular stage; nevertheless, in this state, he would communicate the genuine disease to another unprotected.

Moreover, as Professor Aitken has stated, nothing can be more different than the distinct, the confluent, and the horn small-pox from each other; and yet all these different varieties may exist in different persons inoculated with the same poison.

In treating of skin diseases, the same author remarks: "There are numerous facts which justify the belief that there exists but one essential fungus whose sporules find a soil for development and growth upon the surface, or even within more secluded portions of the human body; and that varieties in the growth of that fungus are due *to differences in the constitution of the individual*, to the moisture, exudation, soil, and temperature under which the development of the fungus takes place." And again: "An amount of fungus which will simply produce death of hair in one person, or part of the body, may, in another, produce irritation, eruption, or violent inflammation."

Sir George Ballingall held that "the contagious principle does not always produce the same symptoms."

Dr. Hennen observed: "Soldiers are gregarious in their amours, and we have frequently several men in hospital at the same time, infected by the same woman, some of whom have had one kind of sore, some another, and some both."

Mr. Acton has known instances of a male with indurated ulcer communicating to a female a simple unindurated sore, and *vice versâ*.

"The inoculation," writes Mr. Paget, "of several persons with the matter from one primary syphilitic sore may produce different forms of the primary disease and different consecutive phenomena." And again: "I believe we must assume that the specific material of each disease may be, in some measure, modified by its combination with one or more of those normal materials of the blood, which have in each person a peculiar or personal character. By such combination we may best explain those characters of specific disease, which appear in its changes in transmission from one person to another; such as the varieties of syphilitic sore, and the varieties of their consequences, in different persons inoculated from the same source." ('Surgical Pathology.')

In Reg.-Gen. Report on Cholera, 1848-9, Dr. Farr observes: "Syphilis, erysipelas, and other zymotic diseases put on different forms, which may be referred to the state of the exciter, the mode of its application, the matter on which the exciter acts, or the vitality of the patient."

Boeck says: "There is but one syphilitic virus. The soft is produced by the same virus as the indurated chancre; the two forms arise from the intensity of this virus being different. Soft chancres are the product of the most energetic virus, which, by its intensity, developes in its circumference an inflammation which puts an obstacle in the way of absorption: indurated chancres are the product of a virus of less intensity, which does not develop an inflammation sufficiently strong to hinder absorption. With matter of an intensity different from these, we obtain intermediate forms of chancre, in which, with all our experience, we are uncertain whether or not the primary affection will be succeeded by constitutional syphilis."

Sperino holds that there is only one syphilitic virus, the immediate and mediate effects of which are different,

according to whether it has or has not undergone a modification through the lymphatic ganglions. ('Lancet,' 1864.)

Robert, a distinguished surgeon at Marseilles, and formerly a pupil of Ricord's, says the different varieties of the primitive affection are simply to be considered as manifestations of a single principle, the various effects of which depend upon conditions extraneous to the virus. (Maunder's 'Trans. Ricord.')

Are the several manifestations of syphilis evolved in any definite order; and is the character of chancre any index to such manifestations?

The compiler of Ricord's lectures gives this quotation from Ambrose Paré: "If there is an ulcer on the penis, and if the part is hardened, it will be an infallible sign that the patient is affected with syphilis." (Maunder's 'Trans. Ricord.'

Ricord says: "The first sign of constitutional infection is induration of the chancre, which is invariably followed by constitutional symptoms." By which I understand Ricord to mean that induration of a chancre is a secondary manifestation, never existing alone, but always followed by *other* secondary symptoms. I agree that it is quite possible—nay, even probable—that the chancre, as the weakest point of the economy, may first suffer. I, at the same time, see no reason why the syphilitic poison may not be exhausted here, as the poisons of other diseases sometimes are in a single pustule.

The following opinion of Ricord's has been subscribed to by most syphilographers:—"Of the two varieties of chancre, the form most commonly met with is the non-infecting. It is, then, correct to state that, in the great majority of cases, the chancre does not induce syphilis." Were this literally true, it might, indeed, account for the fact that comparatively few chancres are followed by constitutional symptoms. I believe, however, that this dogma is founded upon error; and in support of this belief let us analyse the statistics collected by Fournier for Ricord at different periods amongst the patients of the Midi, and which I extract from Maunder's 'Translation of Ricord':—

During three months, number of *chancres* seen	341
Chancres indurated	126
Ditto simple	215

Now Ricord states: "The simple chancre is generally multiple; the indurated chancre, solitary." Consequently more than *one-half the patients*, according to his dogma, should have had constitutional symptoms.

At page 28 it is stated that *patients* affected with simple chancres during the year were 254. Now, as we cannot suppose that this number represented one tithe of the patients admitted during that period, all the rest should have had secondary symptoms.

In page 182 it is stated that, of 814 *patients*, 471 had hard chancre; 343 soft. Here again, then, many more than half the patients should have had secondary symptoms.

From these statistics, then, it appears that a greater number of patients suffer from the hard than from the soft chancre. We do not, however, find in practice that half our patients become affected with constitutional symptoms, and consequently we are driven to the conclusion, admitting induration of a chancre to be a secondary manifestation, that the syphilitic virus may exhaust itself at the point of inoculation alone.

Induration of the chancre is, however, by no means the first sign of constitutional infection. This may be delayed, or even never occur, as Mr. Marston's cases show. ('Lancet,' 1862.)

Cullerier says: "The whole diagnosis of chancre does not consist in the local state; and when induration is absent, it must be sought for elsewhere. When induration is absent in a doubtful chancre, it is in the corresponding glands that I seek for the diagnostic element; I will not say complimentary, but indispensable: and I do not see why the infecting reaction, not making itself apparent in the ulceration itself, should not convey its action on the glands, which in this case substitute themselves for the chancre." (Note, Ricord's Lectures.)

Ricord also believes that there can be no infecting chancre without an indurated multiple symptomatic bubo; which bubo, he states, possesses no tendency to inflammation or to undergo specific inflammation. In opposition to this, Mr. Marston states: "Sores occupying the sheath of the penis (almost invariably infecting as I have seen them) do not always give rise to indurated inguinal glands, but an indurated or even suppurating bubo at the root of the penis, and yet be infecting sores; and suppurating buboes are often followed by secondaries, as seen in the army." ('Lancet,' 1862.)

Mr. Langston Parker says: "Ricord has laid down a positive law that a bubo which suppurates specifically—that is to say, which furnishes an inoculable pus—is never followed by secondary symptoms. All I can say is, that buboes which suppurate freely, and to all appearances specifically, are followed in some cases by secondary symptoms."

In 'Lancet,' 1860, Mr. Girdwood, of the Grenadier Guards, has reported several cases of chancre followed by constitutional infection, without the intervention of bubo; and of 100 cases treated by Mr. Green, of Bristol, bubo supervened in 16 only.

The fact is that the presence or character of bubo depends in great measure upon constitutional peculiarities. Every practitioner must have seen patients in whom bubo had been produced by the slightest abrasion or mildest gonorrhœa, whilst no amount of irritation would produce them in others. Both, however, might equally be susceptible of secondary infection.

That the character of the chancre is some index to the secondary manifestations likely to follow, seems probable from the following opinions:—

Mr. Acton states: "I have never myself yet met with any single instance in which, after uncomplicated indurated sore, the secondary disease has extended deeper than the skin or mucous membrane. The bones and deeper structures remain perfectly free from disease. There is no loss of nose, no affection of the bones, of the palate, or those other catastrophes which used to show how powerless the old remedies were. The few cases that we now see in private practice of the worst forms of secondary and tertiary symptoms follow only those phagedænic indurated primary sores that we have described."

To be continued.)

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

ROYAL GENERAL DISPENSARY, ST. BARTHOLOMEW'S CLOSE.

On Wednesday, the 10th of August, a man presented himself at the above Dispensary and sought relief from a most severe attack of Urticaria. The entire body, with the exception of the face, was thickly covered with the rash peculiar to this affection; the forearms and the lower extremities, especially the inside of the thighs, had the eruption particularly well marked. The appearance presented by the patient was as though he had been beaten with nettles, and as though the formic acid contained in them, acting as a violent irritant upon the integument, had created inflammation of it, besides causing it to be elevated into distinct white wheals, while it had occasioned that portion of integument, not so elevated, to be engaged in a diffused redness, or an erythematous-like blush. The wheals were of an ovoid rather than a circular shape, and were of a whiter hue than the healthy skin; but were altogether free from vesiculæ.

Concomitant with the above symptoms were intense itchiness and a most disagreeable sense of tingling, irritability of the stomach, and a feeling of general discomfort, proceeding not alone from the gastric disturbance, but also from the sympathy of the head. Giddiness, anxiety, and groundless alarm, lassitude and faintness, were likewise among the symptoms. The rash had been ushered in by febrile symptoms which had, however, subsided on

the appearance of the former, and continued to abate till the eruption had fully declared itself, when little, if any, feverishness remained. So great was the irritation of the integument that the patient could not refrain from scratching and rubbing, and, so, had very much aggravated the blush of redness, increased the eruption where it had already made its appearance, and brought it out in places where it had not yet declared itself.

The hands were enormously swollen, and the fingers, though separated to their fullest extent, were yet in contact with each other, so great was the size which they had attained.

The patient was thirty-five or forty years of age; was of a thin, spare habit; of not very robust health, but yet of very fair condition: he was also temperate in his mode of living, not being over-indulgent in either eating or drinking.

The cause of the affection was supposed to be the ingestion of some skate, of which the man had eaten somewhat heartily previous to the appearance of the rash.

Dr. Sisson, under whose care the patient had placed himself, considered it possible for this nettle-rash to have been produced by the preparation of squill which the man had been taking for the relief of an attack of bronchitis, and mentioned, in the course of some remarks that he made upon the complaint, that although, in this country, it was generally the result of eating shell-fish, there were several species of edible fish in tropical seas which, when eaten, produced effects exactly similar, and that he had seen half a ship's crew affected with this rash after they had partaken of the bonite of the Indian seas.

The treatment adopted was that by emetics and purgatives, and their administration was attended with a happy issue.

By Willan this ailment has been divided into six classes; they are as follows:—Urticaria febrilis; U. conferta; U. evanida; U. tuberosa; U. persistans; U. subcutanea: but for all practical purposes the division into acute and chronic is quite sufficient.

The case which we have reported is a good illustration of the acute form of the malady; although, in some instances, the malady wears a yet more severe character than that we have portrayed.

The rash is usually to be found most thickly spread upon the inner surfaces of the limbs—both upper and lower—and also upon the thighs, the loins, and the shoulders. In the present case the face was free from the rash, but in other instances it will be thickly covered; and the redness will extend to the red margin of the lips, or even, beyond this line, into the interior of the mouth. When the patient gets heated in bed the colour of the eruption becomes a deeper hue. The rash will often fade during certain hours of the day, and towards evening return either to its original tint or to a deeper: this will be specially observable if the patient be exposed to sudden alternations of temperature, or to any great degree of warmth: cold, on the other hand, will be found to exercise repressive action, and to cause the rash to fade. Very often, indeed, from causes which we cannot explain, the eruption disappears in one situation and breaks out in another; or grows fainter in one place while it brightens in another; or, again, it may run its entire course in a few hours, leaving few or, perhaps, no traces of its occurrence. In the majority of instances it lasts a week, or even more, but during all the time of its continuance it is subject to exacerbations.

That form of the affection in which the entire surface of the body is covered with the eruption is called urticaria conferta; and when there is little or no fever, a want of persistency on the part of the eruption, with an irregularity in appearing or disappearing, the term evanida is applied. The urticaria tuberosa is a very severe form; in it the wheals rise up rapidly, and rapidly increase to a very large size: they may be either white, and then in marked contrast with the surrounding red integument, or else of the same colour as the level integument, from which they are to be distinguished by their elevation and by their peculiar hardness. These wheals may be arranged in parallel stripes, or may be placed crosswise as regards each other, or be scattered irregularly over the entire surface; sometimes these tumours attain a size equal to that of the palm of the hand, and are excessively tender and painful: they do not usually continue in this state for more than a few hours, and when they disappear they leave a painful sense of discomfort, and a certain degree of weariness and lassitude. When, instead of disappearing, the wheals continue, and that, too, after the erythematous blush has faded or entirely passed away from the skin, the name, urticaria persistans, is applied to the affection. In some instances we have known these welts or tumours to continue for three or four weeks.

The urticaria subcutanea of Willan is that form in which there is no redness, but only an eruption of wheals, which lasts perhaps a few hours, and then disappears, to be again, after a short time, succeeded by another eruption of the same nature. The wheals may remain for some days and then disappear, but without affording the patient any relief from his general discomfort.

In those instances where the affection arises from the ingestion of an irritant, it is not usual to have any febrile disturbance premonitory to the eruption; there may be, however, instead, pain in the region of the stomach, nausea, vomiting, vertigo, a sensation of sinking, and a most distressing feeling of anxiety. When the eruption appears, the body may be swollen to a very large size, owing to the irritated or inflamed state of the integument; and this swelling will, in a number of instances, be attended with difficulty of breathing. All these symptoms will very frequently be relieved, or entirely removed, either by the vomiting incidental to the affection or that occasioned by the administration of emetics; that is, if the malady has been produced by something taken into the stomach.

It is well known that all kinds of shellfish, when taken into the stomach, are the most frequent cause of this nettle-rash; but the ingestion of, perhaps, no other kind of shellfish causes it so frequently as does that of mussels. Shellfish alone cannot be charged with the origination of the urticaria, inasmuch as all other kind of fish will have in some people the same effects; moreover, particular parts of fish, or fish eaten in certain states of health of the person eating, or at a time when the fish is not in season, will cause the appearance of the urticarious condition. The part of the fish which is most likely to occasion this rash is the fat, in which it is supposed that the noxious irritating property resides.

Other edible articles than fish will produce these distressing symptoms which we have been describing, nor is the eating of flesh food alone attended with them: vegetables, especially those eaten in their raw or uncooked state; fruits, no matter how ripe or how easily digestible by the stomach of ordinary persons; that is, persons free from the idiosyncrasy which predisposes to this ailment; medicines, such as the turpentines and the balsams—are all of them known to give origin to the eruption.

Nor is its production confined to these agencies. There are certain conditions of the system—physical, mental, or otherwise—which not only predispose to it, but are likewise direct or exciting powers. Among these we may enumerate excessive exercise, more particularly if great perspiration be induced; intense anxiety; great excitement of spirits, or sometimes great depression; the imbibition of ardent spirits, or of any substance which, when passing off in the perspiration, creates irritation of the sudoriferous ducts and of the integument; the ingestion of indigestible, or of very highly seasoned, or of very rich food. The exposure of the surface of the body to heat after cold, or, as takes place in some instances, the mere reaction which sets in after cold has been applied for some time, are often of themselves sufficient to induce the appearance of the rash.

It may be an epidemic. Persons with thin and delicate skin are especially liable to become the subjects of the complaint; and more particularly so if there should be in their constitution any tendency to the gouty or rheumatic diathesis. In such instances as these the eruption will show itself, and very speedily, after very trivial causes;

and though it will yield readily to treatment, and be made rapidly to disappear, yet will it again quickly return.

We have laid it down as a truism that those persons having thin, delicate skin are most liable to be affected; inasmuch, therefore, as females and children come under the head of such a class, we naturally look for its prevalence amongst them: nor are we disappointed in our expectations. The younger the person, and the more delicately constituted, the greater is the predisposition; and should the temperament be the sanguine, this predisposition is heightened.

We shall now direct attention to the diagnosis of the eruption, since such is necessary, inasmuch as the disease may be present at the same time with lichen, impetigo, roseola, or with the common erythema, or the erythema nodosum. From this last it is distinguished by the want of durability of continuance on the part of the tumours incidental to the erythema; in the erythema, likewise, there is not that tingling and itching which form so distressing a feature in the urticaria. Lichen urticatus very closely resembles the affection of which we are treating; so closely, indeed, that some care is needed in making our diagnosis before we can pronounce a determinate opinion. The lichen has, however, the wheals of a smaller size, more firm in their consistence, not so much elevated above the surrounding surface, but of a deeper tint and more lasting; another difference, which is pathognomonic, is that the wheals of the lichen are studded with distinct papulæ.

In general, the peculiar sensations of true urticaria, the harassing itching and tingling, the size and condition of the wheals, the redness of that portion of integument which is not raised, the swelling and puffiness of the entire skin, are all of them very demonstrative of the exact nature of the affection; which we may be called upon to treat; and if carefully put together, collated, and considered, will assuredly enable us to arrive at a true conclusion.

We shall now advert to the treatment necessary for the alleviation or cure of this malady.

In this case of Dr. Sisson's, we have seen that recovery was obtained by the administration of emetics and purgatives; indeed, in the majority of cases, little else is necessary; and in a large number of instances medical treatment is not at all required; abstinence from those articles, or the removal of those causes—predisposing or exciting—which occasion the affection being alone sufficient.

Emetics should be administered at an early stage of the complaint if ingested substances be at fault; but they should be of such mild nature as not to cause any depressant action, or, at least, as little as possible. It is always advisable to clear out the bowels with aperient medicine, whether we choose to give it by the mouth or by the anus; in making a selection of the method of introducing the medicine, we are often guided, not by any wish on our own part, but by the contingencies of the case.

In those patients who are of a rheumatic or gouty diathesis, the remedies suitable to such temperaments must be used; when there is very great cutaneous irritation, it may be allayed or removed by means of some sedative medicines; and when nervous depression exists, the indication for the use of camphor, ether, or other nervous stimulants is present.

The best emetic we can select is the ipecacuanha, because, in its effects, it is both certain and efficacious, and unattended with the distress attendant upon severer emetics.

In the form of the ailment known as urticaria subcutanea, tepid and warm baths will be found to afford, in many cases, considerable relief; in other instances of the affection, where there is a plethoric habit of body, more severe measures are required, perhaps even so severe as the taking away of blood. But we need scarcely say that this is a mode of treatment not to be lightly undertaken.

Inasmuch as there is always, or at least very frequently, acidity of the secretions of the stomach and bowels, it is always best to select medicines—purgatives, for instance—or alteratives, possessing antacid properties; in cases where there is decided acridity, and where it prevails to a marked degree, we shall find it beneficial to treat the sufferer with magnesia or the liquor potassæ: but though this holds good as a general rule, yet there are instances in which the very opposite method of treatment—namely, by the use of acids—will be found to be effectual in restoring the patient to health. When there is a tendency to intermissions in the eruption and in the other symptoms of the affection, the sulphate of quinine is said to be not valueless; arsenic has been administered, and with good effect; and by some a gentle course of mercury has been recommended, with the object of removing from the blood any deteriorating or offending agent, and at the same time restoring it to its natural healthy standard.

We have already adverted to local treatment when we advised the use of warm baths, but here we would point more particularly to that treatment. If we use the warm bath, the temperature of it should be sufficient to promote good diaphoretic action of the skin; and in order to correct the excessive acidity of the sudorific excretion, it will be of use to render the water of the bath alkaline by means of the carbonate of potass or soda. The vapour bath also acts efficaciously. We must be very cautious in applying cold to the surface, lest we occasion a retrocession of the rash and a fatal metastasis; and when there is any symptom indicative of a tendency to retrocession, we should at once begin the use of the warm or of the vapour bath, so as effectually to recall the eruption.

PARISIAN MEDICAL NEWS.

HOSPITAL OF THE SCHOOL OF MEDICINE. PROFESSOR NELATON'S WARDS.

Sub-ungual Exostosis.

Twelve months ago, a young working man, aged eighteen, observed that the nail of the great toe of his right foot was gradually assuming an improper direction. The extremity of the nail was growing upwards like the point of a mediæval shoe, and occasioned inconvenience and even pain in walking. The incision of the exuberant portion of the nail gave but little relief, the outer edge of the toe was swelled and tender, and the patient applied to M. Nélaton for the cure of an affection which often obliged him to discontinue his habitual occupations. The Professor easily detected in the painful part a small round tumour protruding beyond the point of the toe, and extending beneath the nail which it raised; the tumour was red, covered with minute pellicles, and presented an orifice from which pressure forced a droplet of puriform matter. The firm consistency of the swelling pointed to the diagnosis; an osseous growth alone could possibly cause the symptoms observed; and as the Professor surmised, the case proved to be an instance of the disease described by Dupuytren under the denomination of exostosis of the upper surface of the great toe, or sub-ungual exostosis.

The great toe alone is almost invariably the seat of the affection, which is very seldom indeed observed on any of the other toes; once only M. Nélaton met with it in one of the fingers of the hand. It must further be remarked that in nine cases out of ten the exostosis occupies the wider part of the dorsal aspect of the bone, near its external edge, and at the juncture of the lower with the middle third of the phalanx. The aspect of the tumour is characteristic; its shape is conical, and the nucleus is an areolar texture exactly similar to that of the bone, the osseous substance lying in strata, beneath a layer of cartilage, covered by an epidermic, horny cuticle.

In such a case, the incurvation of the nail upwards, and the consequent distress in walking, first attract the patient's attention. Paring of the nail is, of course, resorted to, and this measure is sometimes sufficient to remove the pain; and as in many instances a protecting horny excrescence, of moderate thickness, forms on the surface, the inconvenience is bearable. But it occasionally happens, as in the case which suggests the present remarks, that the external covering of the growth inflames from the friction of the shoe, and walking becomes difficult or impossible.

The treatment is then plainly indicated, and the exostosis must be removed. M. Nélaton proceeds as follows to the performance of this rather painful operation:—A muslin bag filled with salt and pounded ice is applied for two or three minutes over the toe, in order to deaden sensation, and with a short and strong bladed knife, the tumour is isolated and removed; sometimes the gouge and mallet must be used. The dressing should be of the simplest character, and in the course of twelve days or a fortnight, healthy granulations form and a solid cicatrix follows. This procedure was instituted by M. Nélaton in the case above adverted to, and the result was in every respect satisfactory.—'Journal of Practical Medicine and Surgery.

SYPHILITIC TUMOUR OF THE GLUTEAL REGION.

Although syphilitic tumours of the soft parts are now better known than formerly, they often, especially in women, give rise to errors of diagnosis. We may, in illustration of this remark, allude to the case of a woman recently admitted into M. Nélaton's wards for a swelling in the gluteal region, which, before the patient's entrance into the hospital, had occasioned much difference of opinion. The tumour was flat, as broad as the hand, and formed a hard and movable mass, separated from the rectum by a band of healthy tissue. The skin had assumed the roseate purple hue characteristic of chronic inflammation; it had partially lost its elasticity, and some amount of œdema was present—a circumstance demonstrated by slight pitting after pressure with the finger. In addition, although it was not impossible to discover the limits of the tumour, its margin was vague and ill defined, a pathognomonic character of syphilitic nodes. The patient was perfectly sincere in her earnest declaration that she had never been affected with syphilis; but, despite her denial, M. Nélaton's first impression remained unaltered. By close and searching interrogation as to her former health, he elicited the fact that eighteen years before she had suffered from obstinate sore-throat; that since then she had been liable to what she called cramps, which had obviously been genuine osteocopes, a surmise borne out by the undulating thickness of the ridge of the tibia. These indications amply justified the suspicions entertained as to the nature of the case, and pointed to the most appropriate treatment.

Antisyphilitic remedies supply, moreover, a delicate test of the accuracy of the diagnosis; and as they are harmless, if prescribed with discretion, it is perfectly legitimate to resort to them even on the strength of mere presumptive evidence.

The most efficient remedy in tertiary disease is iodide of potassium (gr. xv. daily). If the tumour be a syphilitic manifestation, improvement promptly sets in under the influence of this medicine, and in a few days the mass disperses; in the present instance the effects of the drug were extremely remarkable. In some cases it is necessary to exhibit mercury at the same time with the iodide of potassium. But occasionally, in spite of all treatment, an abscess forms, and the subcutaneous cellular tissue mortifies and falls away like the core of an anthrax, leaving an ulcer which follows the same progress as other sores of syphilitic origin. *Ibid.*

REDUCTION OF VOLUMINOUS HERNIA BY ELASTIC PRESSURE.

A man was admitted into hospital for alleged hydrocele. The scrotum was the seat of a chronic enlargement of such considerable magnitude that a superficial depression alone indicated the situation of the meatus. Sexual intercourse was utterly impracticable, and the patient complained of great inconvenience in walking; in addition, the contact of the urine with the skin gave rise to painful excoriation, colic was present, and the infirmity was altogether of a most distressing character.

The patient had been informed that he was affected with hydrocele; but this was a mistake. Both testicles were easily felt perfectly distinct from the mass—a circumstance incompatible with the existence of dropsy of the tunica vaginalis; on percussion a degree of resonance was, moreover, perceptible, which could not be produced by hydrocele of the cord. This tympanitic sound demonstrated the true nature of the disease, which consisted in enormous inguinal hernia, with a voluminous pedicle, presenting all the characteristics of entero-epiplocele.

This kind of ancient and voluminous hernia distends the scrotum, is not liable to incarceration, and gave rise in the last century to active controversy, which led to such tumours being pronounced to be irreducible. Surgeons dreaded the restoration into the abdomen of organs which had long been displaced, and had lost what Jean Louis Petit called their "*droit de domicile*" within that cavity. M. Nélaton acknowledges that he once entertained a similar view, but on further reflection he has since altered his opinion, and now professes that the reduction of these herniæ may legitimately be attempted, and that it is possible to effect this desirable result without injury to the patient. This, however, cannot be accomplished at once; and the perils adverted to by Jean Louis Petit doubtless arose from the fact that the tumours he alludes to were reduced in an incautiously precipitate manner. Ravaton adopted a safer practice, and endeavoured slowly to attain the same object by compelling the patients to lie for a long time on their back. Several of the individuals under his care thus remained for six weeks in bed, with much ultimate benefit. M. Nélaton remarked that, in a case of fracture of the femur in a man who for months had borne a large unreduced hernia, M. Sanson had taken advantage of the compulsory attitude enforced on his patient, and gradually returned the intestine into the abdomen; no untoward accidents followed, and M. Nélaton has since very frequently resorted, with advantage, to the same method. The time necessary to attain the desired result may be shortened, if to the indispensable position be added pressure with M. Maisonneuve's elastic bands. These measures were adopted in the case here alluded to, and the hernia is now entirely reduced. A well-made truss has been applied, and no functional disturbance has supervened to justify the apprehensions formerly suggested by the method resorted to in this instance, which, it is true, would not, in Jean Louis Petit's time, have been instituted in the same manner. *Ibid.*

THE BRITISH MEDICAL ASSOCIATION.

John Baidger, Esq., of Cottenham, made the following observations

ON DIPHTHERIA.

Since April, 1862, upwards of 3,000 cases of diphtheria have fallen under my care. At the onset of the epidemic the disease was of a more acute character than at the present time, cases then presenting the characteristic appearances so well-known to the Profession, and so ably described in a lecture by Dr. W. H. Ranking, delivered at the Norwich Hospital—*vide* 'Lancet,' January 8, 1859.

Latterly most of the cases have been of a milder character, very many of them relapses. The sequelæ are often very serious, such as pleurisy, pleuropneumonia, endocarditis, peritonitis, croup, paralysis, &c., &c.; in one case there was abscess of the liver, in one gangrene of the lung; some have passed membrane from the bowel, one from the bladder. Erysipelas has very frequently followed, sometimes commencing at the nostrils, and spreading over the face and head, sometimes from one or both ears, and spreading over the head and face, in a few cases from the anus, umbilicus, penis, or vagina, and extending slowly over the whole body and lower extremities; in the three last-mentioned points of commencement it has occurred in infants that took the disease from their mothers, and showed it either at birth or within a few days. Women who have the disease previous to or during pregnancy have their condition modified by it; in some it produces abortion, in some premature confinement, in others hæmorrhage or lingering labour; whilst in all puerperal women, for a period of from three to six weeks after delivery, and

occurring every few days, there is a discharge of shreddy membranous or glairy matter, like uncoagulated white of egg; this has occurred in fifty-two cases, my attention being generally called to it by the patient or nurse as something unusual.

The children born of these affected parents invariably show signs of the disease soon after birth; if you look into their throats you see the tonsils, uvula, and soft palate swollen and red, perhaps slightly œdematous, producing a slight hoarseness and cough; this may go on for some days, or even weeks, the child, seeming neither well nor ill, all at once is taken worse, screams out with pain, and dies in a few minutes. Whenever I have been able to examine the body I find death caused by effusion into the pericardium. Altogether, out of this number of cases, there have been seventy-five deaths. Twelve were complicated with scarlet fever, nine were complicated with measles, one with confinement and scarlet fever, one with confinement alone. A primipara, a young woman aged twenty-one years, gave birth to an acephalous child, and was doing well up to the twelfth day, when she complained of her throat, the tonsils, soft palate, and uvula looking red only. In about twenty-four hours she complained of a kicking sensation in the throat, screamed out, and died. No post-mortem was allowed.

I have made twenty-four post-mortem examinations, and wish particularly to bring before the notice of the members of this Association a certain condition of the auriculo-ventricular valves of the heart seen in every case where a post-mortem was allowed, whether complicated with any other disease or not, and to the best of my belief not previously made known to the Profession. It is a roughened, reddened, and thickened appearance of the valve, as if by interstitial deposit, situated midway between its insertion around the ventricular opening and the attachment of the chordeæ tendineæ, one or both valves being affected more or less, according to the severity of the case and the time elapsing between the symptoms of heart affection and death. The symptoms denoting it may come on early or late, generally late, several cases having occurred where to all appearances the patient has been well, and may be diagnosed by the following symptoms:—An anxious countenance, hurried respiration, a rapid pulse (from 120 to 170), tenderness over the precordial region, scarcely any pain excepting on pressure. In four cases I noticed a slight murmur, systolic; in two it subsided in a week; one remained permanent for some months; one case is now under treatment, and at this present time there is a distinct bruit heard at the base over the valves, and along the course of the aorta. The duration of the urgent symptoms varies from three to seven days, the shortest being three, the longest seven days.

I have not noted the exact number of cases in which the heart has been so affected, but can safely say it occurred in at least a hundred; in some it came on most severely, and was like a state of collapse, with cold clammy perspirations.

In this endocardial affection I give the steel mixture with nitrate of potass every two, three, or four hours, a small dose of grey powder, with compound ipecacuhana every night, and apply a sinapism twice daily until the pain and tenderness on pressure subside. In the cases with a bruit, and also accompanied by pain, gr. iij. of the extract of conium is given every four or six hours as long as required.

In all cases where membrane extended down into the trachea and lesser bronchi death followed rapidly. In those cases simulating spasmodic croup, with patches of membrane on the tonsils only, five have died, three recovered. One patient, a lad, aged fourteen years, died suddenly in getting from the bed to the night-stool, apparently from paralysis of the heart, as he was previously doing well and getting about the house; his mother had given him a dose of castor-oil contrary to my wishes.

In respect to the treatment generally pursued, I rely principally on the tincture of sesquichloride of iron, but combine with it the acetate of ammonia and spirits of nitrous ether in order to keep the skin and kidneys active. When there are glandular enlargements, I add to these the iodide of potassium; and should there be also an œdematous condition together with glandular enlargements, both the iodide of potassium and the chlorate of potass. If the tongue be much loaded, and the patient feel at all sick, I generally give a stimulating emetic of equal parts of sulphate of zinc and ipecacuhana; throughout the active stage of the disease an alterative dose of calomel or grey powder combined with the compound ipecacuhana is given every night at bed time. I apply emollients or stimulating fomentations to the throat externally, and direct the patient to gargle with warm water or weak vinegar-and-water frequently, unless there be very much fœtor. I then substitute a weak solution of chlorinated soda. The forcible removal of membrane and the application of acids or caustics I think quite useless; in fact, I believe they are injurious, producing shock and afterwards greater depression. Perfect rest and quiet are necessary; beef tea and stimulants, either brandy or wine, as best suited to the case. When indications of approaching paralysis show themselves, I add to the steel mixture small doses of strychnine, thus, I believe, in very many cases obtaining a more rapid convalescence than can be obtained by any other tonic, such as quinine, bark, and the mineral acids, all of which I have tried. Acids I find are not generally tolerated. In some special cases where you have a large amount of semi-fluid fœtid discharge from the mouth and nostrils, the solution of chlorine (made by adding a dilute hydrochloric acid to chlorate of potass) combined with the steel, and given every two or three hours, I have found to act almost magically in checking this discharge and producing rapid convalescence. In fact, I find generally that the chlorate of potass with steel to young children is not only the pleasantest, but the best remedy, bringing back the colour to the lips and cheeks sooner than anything else. In cases of croup I give calomel gr.j., ipecac. gr.ij., as a mild emetic every two, three, or four hours, and during the intervals the steel mixture with nitrate of potass and small doses of chloroform, applying externally to the throat and chest fomentations of hot mustard-and-water, discontinuing the calomel and ipecac. as soon as the urgent symptoms pass off, but continuing the steel mixture. Dr. Paget saw several cases, and amongst them one of these croupal cases. After death I sent the larynx and heart for his inspection.

Change of air I have found absolutely necessary in some cases; it is beneficial in all. Being situated on the border of the Fens, our atmosphere is of a very depressing character, and those persons who come from a higher elevation and more bracing atmosphere to reside in this neighbourhood generally take the disease.

On several occasions when there has been a batch of fresh cases those already ill have been taken worse on a particular day and hour and in a particular direction, as if the disease were caused by a wave passing over in this direction from village to village.

I do not pretend to know or assign the causes or origin of this disease, but I believe with many others that it is a disease affecting the whole system through the medium of the circulation, and always producing affections of an asthenic character; and that when it attacks persons of a tubercular diathesis, if not immediately fatal, it lights up the tubercular disease and hurries rapidly on to a fatal termination cases that probably might otherwise have lived for years.

C. B. RADCLIFFE, M.D.Lond., spoke

A FEW WORDS CONCERNING BANTINGISM.

As every one knows, Mr. Banting was a stout man who became reduced to more seemly dimensions by the adoption of a particular code of diet. As every one also knows, "Bantingism," or the struggle to become thin by following Mr. Banting's example, is, at present, the fashion in many quarters. Is, then, this fashion to be encouraged, or is it to be discouraged? Dr. Radcliffe is of opinion that it ought to be discouraged, and the present "few words" are intended to show in brief what it ought to be.

Mr. Banting's rule is to take abundance of lean meat, claret,

sherry, Madeira, and tea, and to abstain, as much as possible, from bread, butter, milk, tea, sugar, beer, and potatoes —articles containing starch and saccharine matter—to abstain as much as possible from the articles upon which Mr Banting had lived almost exclusively in the days when he was a victim to obesity. The diet in Bantingism, indeed, is essentially the same as that prescribed in training for the ring or for the boat race. The chief peculiarity in each case is to allow a large amount of lean meat, and if there be any differance it is that the Bantingist deals more liberally with himself in this respect than the athlete. What Mr. Banting allows himself is rather more than is eaten by the average-sized man in training. It may be expected, therefore, that the known results of the process of training may throw some light upon some of the consequences of Bantingism. It may be expected that Bantingism cannot be carried beyond a certain point with advantage. In training this is certainly the case, for after a certain time, longer or shorter as the case may be, after within four months at the longest, the person in training rapidly gets "out of condition." Nor is it otherwise with Bantingism; at any rate, Dr. Radcliffe says that he has met with several persons who, after trying Bantingism for a while with no disadvantage, having thus got "out of condition" in an unmistakable manner, some of them becoming very gouty, and all of them experiencing a decided failure in strength and spirits.

Dr. Radcliffe is disposed to look upon this loss of "condition" in these two cases of training and Bantingism as depending partly upon excess of nitrogenised food and partly upon deficiency of fatty matter. The nitrogen of the food escapes in the main by the kidney as urea or uric acid, and if the kidney be not up to its work the system is apt to become gouty from the accumulation of these products in the blood. Hence it is not difficult to see how excess of nitrogenised food may, sooner or later, lead to ill-health, and that especially in the case in which a proper amount of exercise is neglected. Nor is it difficult to see how deficiency of fatty matter may tend to bring about the same result, if, as Dr. Radcliffe supposes, a certain quantity of fatty matter be necessary to the proper nourishment of nerve-tissue. It is not difficult to see that nerve-tissue, which contains a large quantity of fat, may be starved if the food do not contain a sufficient quantity of fat, and that this starving of the tissue may involve a corresponding want of nervous energy. At any rate, Dr. Radcliffe is disposed to look upon the diet in training and in Bantingism as calculated to nourish the muscles rather than the nerves, and he believes that this may be one reason why prize-fighters, like Heenan, have often been so seriously wanting in the power of sustained action, and why the followers of Mr. Banting have, after a while, begun to flag in the spirit which animated them at first.

In a word, Dr. Radcliffe considers that it is not safe to ignore the whole standards of food so completely as is done in Bantingism. He thinks that milk and bread are still typical articles of food. He gave reasons for believing that the farinaceous, and saccharine, and oily articles of food are, in proper proportion, not to be dispensed with without risk, inasmuch as they are the most suitable fuel for keeping up the heat of the human body at the proper point; and he gave reasons, also, for doubting whether saccharine and farinaceous matters in excess have the same tendency to favour the formation of fat as oily matters in excess. He is of opinion that certain persons may incline to the type of vegetable feeders rather than to the type of animal feeders, and that these persons may find the nitrogenised part of their food better in the albumen, fibrine, and caseine of vegetables than in the albumen, fibrine, and caseine of animals.

Royal Medical College, Epsom.—The Right Hon. Earl Granville, K.G., Chancellor of the University of London, has accepted the office of President of the Medical College at Epsom.

MEDICAL ETIQUETTE.—THE WIMBLEDON ACCIDENT.

The death of poor Cooper from the effects of the accident at Wimbledon during the rifle contest will be seen with regret by most of our readers as casting a shade over that otherwise successful demonstration. The reports had induced a hope that he might recover—a hope which was not shared in by those who had seen from the first the real nature of the injuries received. A good deal of interest has been excited as to the alleged maltreatment of the case. It appears that immediately on the occurrence of the accident Dr. Westmacott, who is Senior Assistant-Surgeon to the London Scottish, and also to the National Rifle Association, was called to attend upon the wounded man. After holding a consultation with other volunteer surgeons, and the Assistant-Surgeon in charge of the Guards, it was agreed that the wound was of a very serious nature, and that to extract the ball would be almost certain death: an opinion which was concurred in by Mr. Prescott Hewitt, who was telegraphed down from London, and expressed himself perfectly satisfied with the course pursued. This treatment was animadverted upon by Surgeon-Major Wyatt, in a letter to the 'Times,' as being inconsistent with military usage, which requires that a ball should be extracted at once, let the consequences be what they may. Now we are not at all inclined to enter into the question of the desirability or non-desirability of this rule. Of course on the field of battle, where there are none of the appliances and comforts of home treatment, action must be prompt almost without regard of consequences. But we can hardly draw a parallel between an accident, such as that at Wimbledon, and a wound received in battle. Surely when it was possible to give the sufferer a chance of recovery, any rule, even the most stringent, may be put on one side, and everything done to add to his comfort, and if possible restoration. We would not, however, dwell upon this question. We rather wish to say a word or two about the rights of the Volunteer, as despised, it would seem, by the regular Army Surgeons. Surely if medical officers are appointed to the corps they must have full powers without being subject to be overhauled in the public prints by those who, whilst holding a higher rank, are yet, from the fact of absence from the spot, necessarily unacquainted with the circumstances of the case. Consultations are always desirable, and no one would for a moment object to hear the opinions of others who have had experience in similar cases. Dr. Westmacott, indeed, in his letter to the 'Lancet,' expresses his gratitude for the assistance furnished by those who tendered their advice to him in the first instance, but this is very different to being informed for the first time through the columns of the 'Times' that another, just arrived on the spot, disapproved of the treatment he had pursued, being perhaps ignorant of the fact that Dr. Westmacott was not altogether unacquainted with gunshot wounds, having had considerable experience abroad, and was only deterred from operating at once by the result of the consultation. Meanwhile, we trust that the medical officers of both services will work together in real and perfect harmony. They are on an equality as regards their professional rank. In many cases the volunteers have had as much or more experience. Surely, if they are declared to be fit for the treatment of disease and to exercise the art of surgery in one instance they are in another, and the death of poor Cooper is no ground for supposing the volunteers unequal to the care of gunshot wounds. The 'Lancet,' in an article quoted by the 'Times,' describes the conduct of Mr. Wyatt as "unprofessional, and totally uncalled for;" adding that, "whilst entitled to have an opinion of his own, he is only degrading himself in the estimation of his professional brethren when he obtrudes that opinion upon the public in an offensive letter." Language like this will show what the feeling of the Profession is in the matter. It remains for the intelligent public to uphold the rights of the volunteers against the insinuations of such men as Surgeon-Major Wyatt, believing that the medical, as well as the other officers and privates, are—in fact as well as in name—thoroughly effective.—'John Bull.'

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 24, 1864.

THE UNIVERSITY OF CAMBRIDGE AND THE PROFESSION OF MEDICINE.

Few indeed are the inducements that Medicine has to offer to the youth of our land, who, seeking to travel along the pathway to fame, at the same time seek the means to pay the various toll-bars on the road; for Medicine, like an elder daughter who is not a favourite, receives but a small share of Fortune's partial love, while her younger sisters are pet children.

Many, almost innumerable, are the helping hands extended to the sons of the Church and the Bar, who may run quickly forward and, by success, may do honour to their helpers; but from Medicine the helping hands are withdrawn, and, when her sons appear, they are barely permitted to gather up the crumbs that are left perchance on the path. It is true that Medicine has an Astley Cooper prize; Tancred studentships and gold medals also may be added; but these rewards are few, and the aspirants are numerous. What votary of science has not at some time in his career felt his arm paralysed, or even his brain fettered, because his pocket needed replenishment? How many names that would have graced the annals of Medicine, as many bright luminaries have graced the annals of the Church and the Bar, have been lost, because they had neither means nor friends to tear away the curtain of their obscurity and bring their works to light; and how many are there now whose names might adorn their Profession if only the barriers were removed, and the golden bridge afforded to other professions were but supplied to Medicine to carry its votaries over that precipitous gulf—Necessity.

But while we have fresh in our minds the cordial welcome given to the British Medical Association lately assembled at Cambridge, we cannot omit to notice that this great mother of learning has but few crumbs for her scientific children. While our Profession was feasting at a sumptuous board at Caius College, we were told we were dining in the nursery of many of our most eminent brethren; but while we give due honour to the memory of Dr. Caius and the other benefactors of the College he founded, we must not forget that we were also entertained by a College founded solely by Sir George Downing, who devised by his will, dated 1717, that a college should be founded, the objects, as stated in the charter, being the cultivation of law and physic. Nor was this all; for he left a provision for the Master and two Professors, one in each of the above studies, as well as for at least eight fellows and at least ten scholars on the foundation, besides minor scholarships. Two only of the fellowships are of open choice of profession, the holders being required to act as tutors of the College, and one of these is required to be in orders; while all the others are intended for starting in life as members of the professions of Medicine and Law. The scholarships are not definitely stated to be given to students of Physic and the Bar exclusively, but the intention evidently is that they should have priority.

We are sorry to find that a feeling still exists among those in power that mathematical and classical knowledge should have almost exclusive claim to emolument, and that they think the scholars have no right to expect fellowships unless they have first taken high honours in either of those branches of education. We do not argue for an instant that the physician should be one whit less educated than the clergyman, but we would urge, that whereas the rigid discipline of mathematics and classics well fits the mind for the professions of the Church or the Bar, so also the studies of inductive or natural science equally fit a man for the profession of Medicine and refine the feelings in a more exquisite degree. The standard of Tripos examination is equal, or may be made equal, in both cases, and it is cruel that the rewards are not equal also. The idea which seems to impress the minds of those who hold the reins is this, that the doctor is not equal to a barrister or a minister unless he has taken the same degree in mathematical or classical honours; but if he possesses this equality they will bestow a fellowship on the condition that Medicine be pursued, forgetful that the best time has been expended in obtaining the first honour. It is unreasonable to believe that, as a rule, a man whose brain is worn over his labours to enable him to shine in his first honours can excel in a second against one who commences the study with him, but with a youthful and unfettered mind; thus, practically, the ablest men do not reap the emolument, and their due must fall to the lot of those below them. Again, why should two or three years be added to a university course, which is necessary if a B.A. in mathematical or classical honours must be obtained before Medicine is studied in the university?

It is true the statutes will bear this interpretation put upon them, but we look for a day when Cambridge will exult over her men of natural science and bestow on them equal honour and emolument with her world-famed wranglers. She enforces a previous examination—an excellent and sufficient test of general education,—and we should rejoice to see some of her fosterlings, after they have satisfied her in this test, permitted to study natural science and Medicine exclusively, and the most worthy crowned with the same laurels as those who have achieved success in her older studies.

The advantages of Downing College to the student of Medicine are very great. Any youth in the kingdom is eligible for a minor scholarship; the examination takes place in or about June, and the subjects are natural or moral science, or mathematics or classics. The candidate must at the same time give evidence that he can pass the University previous examination. This year four candidates were elected—two for natural science, one for law and natural science, and one for classics,—the values of each 40*l.* per annum for two years. The minor scholars are eligible in their first year to compete with the other pupils of the College for foundation scholarships. The value of these

is 50*l.* per annum for three years, with the addition usually of rooms rent free, and an allowance of 10s. 6d. a week during term time for commons. Proficiency in any one of the four subjects will secure these advantages on the same conditions of ability to pass the previous examination. We feel bound to lay stress on this latter point, because we know of one instance where a scholarship was refused to a pupil who had satisfied the Scholarship examiners because he had failed to pass the previous examination. Even, however, in this case, the College made a pecuniary recognition of his standing, and we have little doubt will award him a scholarship when the little-go is accomplished.

At present only two foundation scholarships have been given for natural science, and only one for moral science; nevertheless, most of the mathematical and classical ones have been bestowed on intending barristers.

We believe that, in October next, the new chemical laboratory of Downing College will be in full operation for the use of the students, and lectures and special instruction will be given on the various subjects of examination in the Natural Science Tripos, which, through the able tutorship and endeavours of Dr. Latham, will be even more advantageous to the student than private tuition. An important benefit to a student of Medicine at Downing is its close proximity to the Museum, the new Medical School, Addenbrooke's Hospital, and the Botanic Garden; and the pupil of Downing can be at any one of them within a few minutes of leaving his college rooms. Downing has a very fair Medical library, to which additions are constantly made of such books that a student needs or feels in want of as a reference. The rooms of Downing rival in luxury and convenience those of any other college in Cambridge; the College stands in the centre of its own grounds, and the freedom from noise is particularly pleasing to a reading man; while the quiet, gentlemanly bearing of Downing men not only renders their society to be courted in the university, but also renders unnecessary the rigid discipline which is required to be carried out with much strictness in large colleges.

There are some minor grievances at Downing which, no doubt, the authorities will soon rectify; but the advantages of the College outbalance the petty annoyances. Not only are the resident tutors kind friends to all the pupils, but they use every endeavour to help them in their studies; and the marked kindness that the Natural Science men have received in preparing for the previous examination deserves the most flattering and complimentary notice: nor should the kindness of the Downing Professors to pupils of the College pass unacknowledged.

In conclusion, we would remind those who are about to study Medicine in Cambridge, that if they are fortunate enough to hold a Downing scholarship, and succeed in taking first-class honours in any Tripos, they retain all the advantages of a scholar till either they are of standing to take the M.A. degree or are elected to a fellowship.

We cannot at present hold out much hope of a Fellowship in Medicine or Natural Science unless the door of mathematical or classical honours shall give the admission; but we believe the letter of the statutes intends the emolument for Law and Physic only. We not only feel sure that the present governing society will uphold their statutes to the letter, but hope they will ere long set an example to prove to other colleges that England's science is England's refinement and civilization and learning; that England's Doctors are an honour of her country; and that they will recognise the value of the labourers of Physical and Natural Science, by crowning with equal rewards those who achieve success equally with the mathematicians, the more favoured children of the great university, whose training fits them to wear their laurels most fittingly in the honoured professions of the Church and the Bar.

SUMMARY OF THE WEEK.

A LATE CASE OF ALLEGED MALPRAXIS.

Although rather late in the day, considering the rapidity with which current events are forgotten, we cannot refrain from offering a few observations on the case of Smithyman *v.* Wilson, which was tried at the last Shrewsbury Assizes. The plaintiff was a mechanic, who had had a severe fall and injured his shoulder, and for the injury he consulted the defendant, who detected a dislocation, and, with the assistance of a person who was present, reduced it in the usual manner. The head of the humerus went into the glenoid cavity with an audible snap. By placing the elbow close to the side and raising it over the head, Mr. Wilson satisfied himself that the dislocation was reduced. The shoulder and arm were enormously swollen, insomuch that there was a difficulty in the first instance of determining whether any fracture had taken place, and the defendant when examining the shoulder and moving the arm asked the man if he felt any grating. This was afterwards made use of by the plaintiff's counsel to throw a doubt on Mr. Wilson's diagnosis. The arm was put in a sling, and bran poultices were ordered to reduce the swelling and inflammation. The defendant saw the man the next day and examined his arm. He found that the head of the humerus had slipped out a little, and replaced it. He continued to call on the man frequently for about a fortnight—the shoulder all the time being in its place (as proved by the man's admitted ability to bring his elbow close to his side), and the swelling of the parts gradually subsiding. After this the man attended at Mr. Wilson's surgery up to March 31, on which day he alleges that he called and requested Mr. Wilson to examine the shoulder stripped. Mr. Wilson satisfied himself, by moving the arm about, that the head of the bone was in position, and told the plaintiff that there was no occasion for him to take off his coat. He merely ordered him to continue the poultices and fomentations. Mr. Wilson did not again see the plaintiff. The latter called at his surgery on April 8, but Mr. Wilson was then ill in bed. His housekeeper was desired to tell the man that he could see Mr. Wilson in his bedroom, but the plaintiff declined, telling

her that 'his arm was going on all right,' and that he only wanted some liniment, which was supplied under Mr. Wilson's direction. He did not call again, but on April 12 (twelve days after Mr. Wilson had seen the arm), he went to a Mr. Harding, a surgeon of Stourbridge, who found the arm dislocated. Mr. Harding tried to reduce the dislocation, but did not succeed, although he obtained the assistance of two Messrs. Freer, surgeons of the town. Mr. Harding, it is to be observed, did not communicate with Mr. Wilson. The following day the plaintiff went to the Birmingham Hospital, where Mr. Baker put him under the influence of chloroform and reduced the dislocation. Mr. Baker said that when the arm was put into the cavity he heard a grating sound, and from his examination of the shoulder he had come to the conclusion that a portion of the glenoid cavity had been chipped off at the time of the accident. After the arm had been set by Mr. Baker, it again dropped out, and was again replaced. The man remained in the Hospital thirty days, and it was stated that he would not again be able to use his arm for working with the hammer. These being the facts of the case, the man brought an action against Mr. Wilson, and obtained a verdict with 50*l.* damages, involving, of course, the costs of the suit. Now, the point of interest in this case seems to be the question whether there was or was not a fracture of a portion of the glenoid cavity in addition to the dislocation; and the only evidence in favour of this view was the statement of Mr. Baker, that he heard a grating sound when the arm was restored to the socket of the scapula. But Mr. John Adams, of the London Hospital, who has certainly had sufficient experience in fractures and dislocations, and who gave evidence on the trial, stated "that such a symptom was not uncommon, and he attributed it to the tendons having been ruptured at the time of the accident." But whether the case were a simple dislocation, or a dislocation attended with fracture of a portion of the glenoid cavity, it does not appear to us that the treatment was otherwise than proper; and the unfortunate result was obviously owing to the nature of the accident, and not to the want of skill in the surgeon. We are the more disposed to notice this case, because one of our contemporaries, who ought to defend professional interests, has taken a most ungenerous, if not erroneous view of Mr. Wilson's position, and without having any evidence befre him of any mistake in diagnosis, beyond that which may have been furnished by newspaper accounts, and which unfortunately was ratified by the jury, proceeds to lecture that gentleman on the necessity of detecting a fracture when it accompanies a dislocation into the axilla, and of treating it accordingly. We repeat that there is no distinct evidence of fracture; and whether there was or not, Mr. Wilson's treatment was perfectly correct, and his being condemned in damages and costs was only one of those unfortunate calamities to which our Profession, from the very nature of our calling, is unhappily liable. It is perfectly awful to contemplate the general ruin to which our brethren will be exposed if every case of Surgery which terminates unfavourably is to be submitted to the arbitrament of a jury, however much we may honour that palladium of British liberty. In every case, for instance, of cataract or iridectomy which terminates unfavourably, the operator may be called upon to defend himself in a court of justice, and of course will be liable to damages and costs; so in any unfortunate case of excision of the shoulder, or the hip, or the knee, the same result might ensue; and *a fortiori*, if any unhappy patient were to die (as they often do) after operations for gastrotomy, or ovariatomy, or hernia, the operator might, and probably will (unless the present system be promptly checked), be sent to take his trial at a criminal court for manslaughter.

THE MEDICAL OFFICER OF HEALTH FOR MARYLEBONE.

In consequence of the lamented death of Dr. R. Dundas Thomson, the appointment of Medical Officer of Health to the Marylebone district has become vacant; and from the great extent of the parish, its populousness, and its wealth, there is considerable interest felt as to the person who is likely to be elected in the place of the late distinguished chemist and sanitarian. It appears that, before Dr. Thomson's death, a very numerous body in the vestry had promoted a memorial in favour of Dr. Whitmore, who was a candidate for the office on the occasion when Dr. Thomson was appointed, and who appears, from some reason or other, to be very popular with the local authorities. This proceeding, on the part of certain members of the vestry, gave occasion to much virtuous indignation on the part of one of our contemporaries; but it is now retorted that the step in question was not taken until it was found that an active canvass was going on on behalf of another gentleman, who was favoured by the 'Lancet.' If such has been the case (and we give the rumour only as it has reached us in the newspapers), the indignation is all a sham. But a very respectable memorial, signed by some two hundred practitioners, has been signed and published, expressing, in general terms, the desirability of pledges in favour of any particular candidate being withheld until the claims of all the candidates should be thoroughly and calmly examined. The high character of the gentlemen who have signed this memorial is a sufficient guarantee that they have been actuated only by the most honourable motives, but yet a certain party among the ratepayers do not hesitate to characterise the manifesto as an attempt to dictate to the representative body; and they even allege (what we do not believe) that it has been drawn up in the interest of a particular candidate. That some of the signatures are those of parties who have certain objects in view, we can readily believe; but in case of most of the others, we feel sure that they desire only to see the position of Health Officer of Marylebone filled by a gentleman of distinguished scientific and professional reputation.

Medical Member of the Metropolitan Board of Works.—On Wednesday last the Vestry of St. Mary, Newington, appointed Benjamin Evans, F.R.C.S., their representative in place of E. C. Dermer, Esq., J.P., resigned.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. J. Russell Reynolds opens the number with a clinical lecture "On Paraplegia," and relates two cases of that affection which recently occurred in University College Hospital. The first case was that of a married woman, aged twenty-eight, who had long suffered from headache, and who also suffered from dull pain and tenderness in the lower dorsal region, and afterwards from vomiting, numbness in the feet and legs, inability to stand, and impairment of the intellect. She died suddenly, before her case had been thoroughly investigated; but after death there was found to be thickening of the cranial bones, injected and calcified meninges, serum in the ventricles, softening of the spinal cord, narrowing of the mitral orifice of the heart, and disease of the mitral and tricuspid valves. The second case was that of a single woman, aged fifty-seven, who was suddenly seized with paralysis of the lower extremities, and, after exhibiting a variety of symptoms indicating spinal disease, died in a few days. On a post-mortem examination a large quantity of healthy-looking pus was found in the spinal dura mater, and this pus was in direct communication with an old abscess in the neck. The suddenness of the attack was, in all probability, due to the passage of pus from the abscess into the spinal column.——Sir J. Ranald Martin communicates a paper "On the Suppurative Stage of Acute Hepatitis," and discusses, at some length, the question of surgical interference in cases where the suppuration tends towards the abdominal parietes. He insists very strongly upon the necessity of an accurate diagnosis being made in the cases which are to become the subjects of operative proceedings, and he states that, whenever the indications are clear as to the existence of suppuration, and as to the site of the abscess, the constitution suffering in the meantime, the sooner the abscess is discharged the better it is for the safety of the patient. Dr. Cameron has shown that both exploration and puncture may be safely and efficaciously employed; and even when no abscess exists, the puncture is not attended with any ill result. When there is an abscess, the discharge of the matter may save the life of the patient.——Mr. Barnard Holt contributes a paper "On the Treatment of Strictures of the Urethra," describing further cases illustrating the benefits arising from the employment of his stricture dilator. The cases are eight in number, and in all of them the results were successful. Mr. Holt considers that his operation may be performed with perfect safety, if surgeons will only insure the dilator being passed fairly through the strictures, and not through the side of the urethra, as has been done, into the bladder. ——Dr. G. F. Bone gives a "Report of a Case of Aneurism of the Abdominal Aorta and of the left Femoral Artery." The patient was a soldier in the Royal Artillery, in which corps Dr. Bone is a surgeon; and the treatment adopted was to prescribe rest in bed, a nutritious, but not stimulating diet, the administration of wine and sedatives, and the local application of a tourniquet over the diseased femoral artery. It appears that these measures were attended with success, for although the man was discharged invalided from the service, he seemed improved in all respects.

'Medical Times and Gazette.'

In the present number there are papers by Mr. J. Zachariah Laurence, "On the Optical Defects of the Eye;" by Dr. Gairdner, "On Auricular-Systolic Murmur; or, the Murmur of Mitral Obstruction;" by Dr. James M'Craith, "On the Use of a Double-edged Knife, with its cutting part bent at right angles, in Operations on the Eye." The paper contributed by Mr. Laurence is the second of the series, and opens by giving the measurements of the eyeball, from before backwards, as being about nineteen-twentieths of an English inch, and by a reference to the soft lenses (the aqueous, the crystalline, and the vitreous), in which it is mentioned that they are altered in various ways by the muscles connected with them. In the distant range of vision these muscles are relaxed, or in a state of tonic contraction, and then the eye is at rest, the lenses being fixed in a certain definite curvature. In this state of the eye, the image of whatever object we behold is thrown exactly on the retina; but if a near object be viewed while the eye is at "rest," there is a confusion of the circles of reflected light, and the object-image falls not *on* the retina, but at the back of that membrane, unless there be an increase in the curvature of the lenses. This alteration of curvature does actually take place in the human eyes, before they can distinctly recognise a near object after they have been viewing a more distant, and was demonstrated to be the case by Young, and by Kramer, through the instrumentality of his phakocidoscope. This "accommodation" of the eye (virtually of the crystalline lens) is quantitive, or, in other words, is one of magnitude. The power of adaptation of the eye is imitated by opticians, who, in the defective visions (near and far sight), correct the imperfections by means of suitable glasses. The power of accommodation varies very much in different persons, in different periods of life in the same person, and in the eyes of the same individual. "Paralysis of accommodation" has been noticed to occur in the course of diphtheria and after an attack of scarlatina, and can be induced by the use of atropine. A young, healthy eye has an accommodation of a quarter of an inch for the two eyes together, and of one-third for one eye used alone. The mechanism of accommodation was considered by Young to be regulated by the crystalline lens, which he supposed to be composed of fibres that, being muscular, were able to contract and relax as ordinary muscles, and so regulate the adaptation of vision. This has been disproved by Kramer and Helmholtz, the former of whom considers the iris as the regulator of the accommodation power. This opinion has given place to that now entertained—namely, that the adaptive power rests in the ciliary muscle, which, according to Müller, Van Reeken, and Ronget, is composed of two sets of fibres, one being circular, the other radiating. The circular have the power of increasing the convexity of the crystalline lens, while the radiating possess antagonistic action. It is the opinion of the author of the paper that the iris has no share in the accommodation process, more than as an auxiliary organ for the improvement of defective vision, and that the action of the pupil—contraction and dilatation—is supplemental to the accommodation. Some suppose the extrinsic muscles of the eye to be the accommodating agents; but this hypothesis is untenable since the power of

adaptation remains even when there is paralysis of all the ocular muscles. All accommodation after the eye has been operated on for cataract is not quite lost; and that which remains is dependent upon a diminution in the aperture of vision whereby the circles of confusion of reflected light are lessened, rather than upon any true power of accommodation. Dr. Gairdner's "Note on the Auricular-systolic Murmur" is called forth by some remarks made by Dr. Ormerod in his "Address in Medicine." Dr. Gairdner is at issue with the opinions expressed by Dr. Ormerod. 1st. The auricular-systolic murmur precedes—not accompanies—the first heart sound and the impulse, and is symptomatic of mitral obstruction. 2nd. This kind of murmur is never "a murmur of palpitation," but is always occasioned by actual organic change; that change consisting in contraction of the orifice leading from the auricular into the ventricular chamber. 3rd. Nearly all alleged mitral murmurs with the second sound are really auricular-systolic preceding the first sound, or prolonged into the first from the second sound and engaging the period of rest. 4th. Dr. Gairdner states that the auricular-systolic and the ventricular-systolic murmurs are very frequently combined in the same case, and that Dr. Ormerod's explanation of the cause of the murmur in question cannot be accepted as correct. Dr. James M'Craith, of the British Seamen's Hospital at Smyrna, shows the "Use of a peculiar-shaped Knife in Eye Operations." The instrument was (Dr. M'Craith conjectures) originally intended to be used in extraction when that operation is practised at the superior part of the cornea, in cases where the ordinary cataract-knife could not be used on account of the entire eye being deeply sunk. An interesting case is brought forward, in which Dr. M'Craith opened with the peculiar knife he describes the cornea at its upper part, where alone it was clear, drew out the iris by means of a toothed Assilini's forceps, cut off a portion of that curtain, and formed an artificial pupil: subsequently cataract was found to exist, and the lens was, therefore, broken up by means of cataract needles passed through the cornea. The best possible success was attendant upon the operation.

OBITUARY.

R. D. THOMSON, M.D., F.R.S.L. & E., F.R.C.P.

We regret to have to announce the demise of this gentleman on the 17th inst., at the residence of his brother, Dunstable House, Richmond. Dr. Thomson was born in the year 1811, in the parish of Eccles, in Berwickshire, of which his father was minister. He was educated for the Medical Profession in Edinburgh and Glasgow. In Glasgow he studied chemistry under his uncle, Dr. Thomas Thomson, then Professor there; and in 1840 he was at Giessen under Liebig. After making one voyage to India and China in the service of the East India Company about 1835, he settled as a Physician in London, and took an active part in the establishment of the Blenheim street School of Medicine.

At an early period of his career he applied his chemical knowledge to the investigation of a variety of physiological questions—the composition of the blood, especially in cholera, amongst others; and he soon made himself a reputation as a correct and philosophical observer. He was employed by Government to make a series of experiments on the food of cattle, and to analyse the water supplied by the different London companies. His researches on the constituents of food in relation to the systems of animals have long been a standard source of reference for physiologists pursuing similar inquiries, and have served as a basis for much of the progress of modern dietetical science. They had extended circulation amongst the scientific world here, and passed through two American editions. In 1841 he went to Glasgow as an assistant to his illustrious uncle, the Professor of Chemistry, whose failing health required assistance, and who died in 1852. Dr. Thomson was unsuccessful as candidate for the chair and returned to London, where he was appointed Lecturer on Chemistry to St. Thomas's Hospital; and when Medical officers of health were appointed under the Metropolitan Local Management Act, he was the successful candidate for St. Marylebone. This appointment was admirably fitted to bring out his abilities He devoted himself with great zeal and industry to the organization of a system of inspection in that extensive parish. In this difficult undertaking he was so successful that his colleagues were glad to follow in his steps; and when they formed themselves into an Association of Health Officers they ultimately appointed him their president. Dr. Dundas Thomson took always a leading part in the discussion of sanitary questions, as he was qualified to do; and the position which he held among his compeers in the metropolis was worthy of the great borough which he represented. From his position as a health officer he became widely known as an authority on sanitary matters. He was employed by the Registrar-General to make a monthly report of the amount of impurity in the waters of the different London companies.

For the last two years his health (long robust) had begun to fail, but it is only within the last few months that his friends have felt seriously uneasy. For more than a month he was unable to leave his room, and he expired on Wednesday morning at eleven a.m.

Dr. Thomson was loved and admired by his friends; and his conduct as the health officer of the largest parish in the metropolis commanded the respect of the public, who are indebted to him for services which are not yet fully appreciated.—'Lancet.'

LEGAL INTELLIGENCE.

RECEPTION OF AN ALLEGED LUNATIC INTO AN UNLICENSED HOUSE.

BOW STREET.—AUGUST 18TH.

Mr. Henry Wilkins, of Ealing, surgeon, was summoned before Mr. Henry, at the instance of the Commissioners in Lunacy, to answer the charge of having received a lunatic into his house without a licence, contrary to the provisions of the Act, 8th and 9th Victoria, cap. 100, sec. 90.

Mr. Law, solicitor to the Commissioners, conducted the prosecution; and Mr. Brown, solicitor, of Ealing, appeared for the defendant.

John Haylor, police-constable S 509, stated that he was on duty in the Edgware road at half-past one o'clock on Saturday morning, the 6th inst., when he saw a young woman and a man talking together. The man walked away on seeing the witness. About twenty minutes afterwards, after going round his beat, he saw the woman again at the same spot, and asked her what she was doing there at so late an hour. She replied, "I often take a walk in the evening." The witness asked her other questions, but her answers were so strange and incoherent that he could not comprehend her, and he felt it his duty to take her to the Portland town police-station. She muttered something to the inspector, and at his request wrote down her name and address as "Eliza Mitten, Dr. Wilkins, Ealing green." As both witness and the inspector considered her to be of unsound mind, she was taken to the Marylebone Workhouse, and placed under the care of Dr. Fuller. It was then about twenty minutes past three in the morning.

Mr. F. Fuller, resident surgeon of the Marylebone Workhouse, deposed that he placed the young woman under the charge of the nurse in one of the lunacy wards, directing that she should be put to bed and closely watched. He considered her insane. At about eleven o'clock the same morning he directed Dr. Randall's attention to the case.

Cross-examined.—I directed no medical treatment. I considered her insane from her general manner. She muttered to herself, wanted to go away, talked incoherently, and looked into an empty fireplace to see if there was a fire.

Dr. John Randall, 14 Portman street, Portman square,

physician, stated that he occasionally attended at the Marylebone Workhouse. He saw Eliza Mitten there. She appeared about twenty-five or thirty years of age, but he could not ascertain the fact from herself. Mr. Commissioner Wilkes happened to be present, and they both examined her in reference to her state of mind, and were so satisfied as to her insanity that he told the Commissioner he would apply for an order, and send her to an asylum the next day. While he was at the workhouse with Mr. Wilkes, the defendant arrived there. He came to witness's room and said, "You have got one of my patients here." He gave his name and address, and said that he was a medical man, adding that the girl had escaped from his house. Mr. Wilkes asked him what kind of lunatic he considered her, and he replied that she was a nervous patient, and had escaped before from his house.

Defendant.—I assure you I did not say that. You quite misunderstood me.

Witness.—I understood him to say that she was in the habit of escaping. I think his actual words were that she was an "old card" or "old hand" at it. Mr. Wilkes asked him if his house was licensed to receive lunacy patients, and he replied in the negative. He said that the girl had been placed under his charge by her father.

The defendant repeated his denial of the witness's statement, and said he distinctly affirmed that the young woman was not a lunatic, but only a nervous patient.

George Edward Douglas, master of the workhouse, proved that the defendant applied for the young woman as one of his patients, and indorsed the entry in the porter's book recording her admission into the house with an acknowledgment that she had been delivered up to him. He then, with the sanction of the medical officer, took her away with him. The witness understood him to say that Miss Mitten escaped from his house at about one o'clock, and was traced as far as Kilburn gate.

Mr. W. Mitten, of Stamford, said he was the father of the young lady in question. Owing to her general ill-health he had placed her under the care of Dr. Wilkins about two years ago, stipulating that she should be treated as one of his family. The doctor who had attended his family had advised him to send her away for change of air, and he agreed to pay Dr. Wilkins 180*l.* a year for her maintenance and medical attendance. She was still residing with the defendant.

By Mr. Brown.—My daughter has corresponded with her sisters and myself since her residence with Dr. Wilkins. I have never known her to be under personal restraint. She is not a lunatic, and I have been much surprised to hear her so described to-day. She is of a nervous and excitable temperament. The receipts given by defendant for the money paid to him are made out "for board and attendance."

Mr. Henry.—Is your daughter here to-day?

Witness.—I believe she is not.

Mr. Henry.—Is there any reason why she should not attend?—No answer.

Mr. Brown said he had considered that it would be very undesirable to bring the lady into court to hear herself called a lunatic. The excitement of an examination might do her much injury.

It was admitted by the defendant that he had no licence to receive lunatic patients.

Mr. Brown then addressed the Court in reply to the charge, which he denounced as a monstrous perversion of the Act. It was a very common and a very wise practice to intrust persons of sickly health entirely to the charge of a medical man, and, looking to the position and respectability of the defendant, he considered the charges made for the board and medical care of this young lady extremely moderate. Even if she had suffered from temporary aberration of mind on the night in question, aggravated as it must have been by her removal to a lunacy ward, and her examination by lunacy doctors, there was not a tittle of proof that her mind was in the slightest degree affected when she was first received as a patient into the defendant's house. Unless a fact of this kind were established, the magistrate would have no jurisdiction.

Mr. Henry said he must send the case for trial, and then if the defendant thought it expedient to produce the young lady herself, the jury would be the better able to pronounce a judgment as to the state of her mind.

The defendant was admitted to bail—himself in 60*l.* and two sureties in 30*l.* each.

CENTRAL CRIMINAL COURT.—AUGUST 18TH.

OLD COURT.

(Before Mr. Justice BYLES.)

Edward Pope, twenty-two, described as a labourer, was arraigned on an indictment charging him with feloniously and maliciously sending a threatening letter to Mr. William Chapman Begley, threatening to kill Sir George Grey, the Home Secretary, the said William Chapman Begley, and "a certain other person therein named."

Mr. Giffard and Mr. Beasley appeared as counsel for the prosecution, which was instituted on the part of the Crown; the prisoner was undefended by counsel.

On being called to plead, the prisoner replied in an emphatic manner, "I wrote that letter."

Mr. Giffard submitted that the prisoner was not in a fit state of mind to plead.

A jury was thereupon impanelled to try the question of his sanity and his capacity to plead.

Mr. John Rowland Gibson, the surgeon of the gaol of Newgate, deposed that the prisoner had been under his supervision since the 22nd of July; that witness had conversed with him daily; and that, in his opinion, he was of unsound mind, and not in a fit condition to plead or to do any other important act in life.

Dr. Begley, physician of the Hanwell Lunatic Asylum, said the letter in question was addressed to him and sent by post. He had seen the prisoner that morning, and also on Monday morning, and he agreed with the previous witness that he was of unsound mind. The prisoner was admitted to the asylum in July, 1863, and was discharged as recovered in May last. The offence was committed on the 14th of July. He laboured under the delusion that he was the Prince of Wales, and was in the habit of writing threatening letters to his Royal Highness denying that he was the Prince of Wales. He had, however, recovered from that delusion for at least five months before he was discharged.

Mr. Justice Byles, addressing the jury, explained that this was an interlocutory proceeding, and that by the common law of the land, independently of any statute, a man who was of unsound mind, and not able, for example, to challenge the jury or to plead, or to judge of the evidence, could not be put upon his trial. Even if he had a counsel and appeared to be of unsound mind when called to plead he ought not to be tried; and by the common law the judge was empowered to impanel a jury on the spot to decide upon the state of his mind. That had been the common law for centuries, and had been recognised by a statute passed sixty or seventy years ago. Further, if a man became a lunatic between verdict and judgment judgment could not be passed upon him, for the English law, in its tenderness towards persons charged with offences, presumed that he might have something to allege why sentence should not be given, and even if the lunacy arose between judgment and execution execution could not follow. But as it was easy to feign madness the question was always submitted to a jury. The prisoner, it appeared, was under the delusion that he was the Prince of Wales, and was a dangerous lunatic, but all the jury had then to say was whether he was fit to take his trial. Their verdict would not decide that he might not be brought to trial a year after. On the contrary, he might be called to account for what he had done whenever it might please God to restore his intellectual faculties.

The jury returned a verdict that the prisoner was of unsound mind and incapable of pleading.

Mr. Justice Byles thereupon directed that he be kept in custody during Her Majesty's pleasure.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The Library is closed from Monday, the 15th inst., to Saturday, September 10th, both days inclusive.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 6TH, 1864.

DR. OLDHAM, PRESIDENT.

(Continued from page 107.)

Dr. GRAILY HEWITT considered the principle enunciated in the paper now read, of the necessity of interference in cases of placenta prævia, to be one of great value. This principle had never been sufficiently insisted on, and although admitted by men of experience, it had not been laid down as a principle in the obstetric text-books. He might mention that two years ago a gentleman in practice in Yorkshire had, in conversation with him, alluded to this very subject, having lost a patient from a suddenly recurring hæmorrhage, due to placenta prævia. The gentleman in question had hesitated, on the occurrence of the first hæmorrhage, to induce premature labour, not finding such practice sanctioned by the text-books, and the patient, living at some distance, had perished when the hæmorrhage recurred two or three weeks later, before assistance could reach her. Doubtless there were cases of this kind occurring from time to time, and which would have been saved by interference. He considered, therefore, that the expression of the opinion of the Society on this subject would have a most beneficial influence, and that the patients known to have placenta prævia would not be left liable to perish at any moment from hæmorrhage. With reference to the particular plan of treatment advocated by Dr. Greenhalgh, which was a modification of the "plugging" system, he had some remarks to make. It was to be recollected that in cases of placenta prævia we have two lives to consider—that of the mother and that of the child. What is best for the one is not always the best—nay, it is frequently the worst—for the child. The safety of the child lay in speedy delivery; the safety of the mother in preventing hæmorrhage. Plugging the vagina, artificial or partial separation of the placenta, were measures calculated to stop hæmorrhage; but such treatment, unless accompanied with speedy delivery, was prejudicial to the child, whose vitality was necessarily destroyed by separation of the placenta to any considerable extent, with or without concurrent external loss of blood. On referring to Dr. Greenhalgh's statistics, it would be seen that although the mortality to the mother was, on his system of treatment, low, yet that the percentage of still-births was high, and the plan in question was, therefore, open to this serious objection. He (Dr. Hewitt) was quite aware that it was impossible to legislate equally well for all cases, the circumstances of each case being, to a great extent, peculiar; but any generally accepted system of treatment must have in view the preservation of the lives of both mother and child. Rapid natural delivery best fulfilled all the indications, and this should be the object sought to be attained in the treatment of these dangerous cases. In a certain number of the instances rapid natural delivery was not possible, and under these circumstances the operation of turning offered the best alternative. The extraction of the child should not be performed too soon after the version, unless the bleeding still continued; for until the os was tolerably dilated, the neck of the child was likely to be so tightly caught by the os as to prevent extraction. When the fœtal heart was beating very slowly, rapid extraction of course afforded the only chance of preserving its life. In conclusion, he considered the Society under obligation to Dr. Greenhalgh for his very practical and able paper.

Dr. BEATTY (of Dublin), in reply to an invitation from the President to address the Society on the subject, said that he addressed the Society under very serious difficulty; for not having had the advantage of hearing the paper now under discussion read at the former meeting, he did not well understand its bearings; but as well as he could collect from the speakers who had preceded him, he inferred that there were two points particularly dwelt upon by the author. The first was the *time* at which we should interfere in cases of placenta prævia; and the second, the *kind* of assistance most proper to be given. It appeared to him (Dr. Beatty) that the author of the paper recommends delivery as soon as possible after the case was fully made out. In this respect there was not much difference between his and the practice very usual in Dublin. We wish to finish the case as soon as possible; but it must be recollected that in many cases speedy delivery was impossible, for occurring as the hæmorrhage most usually does for the first time in the eighth month, or even earlier, when the os uteri was little disposed to relax, it not unfrequently happened that the os uteri was so rigid that delivery could not be attempted. We must then temporize, and by means of position, plug, cold, &c., endeavour to gain time, and save the patient from loss of blood as much as possible. He had spoken now of cases in which there was complete covering of the os uteri by the placenta; but in cases of partial covering, where we could feel any portion of the transparent membranes, the practice was to rupture them at once, and discharge the liquor amnii. When this could be accomplished, we feel pretty easy about the case. The head of the child comes down, and, by pressure on the placenta, prevents any further loss of blood. If the uterus was not disposed to act vigorously, its action was quickened by the ergot of rye. He always depended upon the infusion of the powder made on the spot. It was a medicine that required great care for its safe preservation. He never went out without a drachm of the powder in his pocket-case. It was put up in metallic paper, so as to prevent the absorption of the oil by ordinary paper. It should not be kept more than two months in the case. If not used before then it should be replaced by another drachm. When used it was infused in four ounces of boiling water, and half of it, powder and all, given at once, and the other half in a quarter of an hour. When treated in this way the medicine had never failed him. If the case was one of complete covering of the os uteri, we watch the earliest moment at which the os uteri was dilatable, and then proceed to deliver the patient by turning the child. From these few hurried observations, it appeared that the practice in Dublin does not much differ from that laid down by the speakers who had preceded him (Dr. Beatty) in this debate.

Dr. WOODMAN mentioned some cases in which he had observed the good effects of the treatment recommended by Dr. Barnes.

Dr. GERVIS remarked that the observations of Dr. Beatty relative to the frequent necessity of "temporizing" in cases of hæmorrhage from placenta prævia, where there existed a rigid condition of the os and cervix, illustrated the main point at issue between Dr. Greenhalgh and Dr. Barnes. Dr. Greenhalgh in such cases advised the use of the vaginal plug, an abdominal bandage with which to maintain pressure on the uterus externally, and the administration of ergot; while Dr. Barnes maintained that his cervical dilators by themselves efficiently superseded the use of the plug, the bandage, and the ergot, inasmuch as while they were dilating the os and cervix, they simultaneously prevented hæmorrhage and excited uterine action. In this estimate of their utility Dr. Gervis entirely concurred. Instead of temporizing in any manner, or trusting for the accession of labour to the use of ergot, by these bags you obtained full control of the case from beginning to end; and after adequate dilatation of the os, you could either separate the placenta from the orificial zone, rupture the membranes, and then, if that sufficed to check the hæmorrhage, leave the case to nature, or by the bimanual method of version complete it at will. It was not, of course, meant that the dilators were always needed; but their particular value appeared in those cases where but for their use mere temporary measures had to be adopted until the os had sufficiently dilated to permit of operative procedure, and so possibly lead to a delay that might prove fatal.

Dr. OLDHAM also agreed that it was important to take steps at once in any case of placenta prævia to accomplish delivery—a plan, he thought, admitted by most practitioners in London, and one upon which he had always acted. However to effect this object, he believed that nothing was more easy or satisfactory than to turn by the plan recommended by Dr. Braxton Hicks, and to bring

down the child into the os. He (Dr. Oldham) had only the night before a case where its application was most satisfactory. He considered the plug, which had been recommended for many years, might be used where the cervix was very rigid, and preventing the introduction of the finger; but its chief advantage was as a provocative of labour, and he doubted if it would be equal to stop hæmorrhage.

Dr. Greenhalgh stated, in reply, that he was very pleased to learn from the several speakers that in these cases they had, one and all, adopted the plan of early delivery advocated in his paper, and mostly with satisfactory results to the mothers, which he maintained was not the course recommended in the standard treatises on midwifery or pursued by practitioners in general. He believed that the great success to the children in his cases was mainly due to not separating either a part or the whole of the placenta from the uterus, to retaining the membranes intact until dilatation of the parts had been effected by the pains and plug, and by avoiding version in cases of head presentation, which entailed more or less risk upon mother and child. He was quite convinced that with these precautions a premature child, whose head was small and easily compressible, stood as good, if not a better, chance of being born alive than a child at term. In allusion to the plug, he stated that some years ago, as mentioned in his paper, he had used an inflated india-rubber bag, but had found it ineffectual in arresting the flow of blood from the vagina, which he had never failed to control, no matter how severe, with the spongio-piline plug. He considered the effects of the plug to be as follows:—1st, to prevent the escape of blood from the vagina; 2ndly, to favour its coagulation in the upper part of that canal; 3rdly, to excite uterine action; and, 4thly, to dilate the passages. The author approved and adopted the practice of rupturing the membranes in slight cases of partial placental presentation, and of turning in certain malpositions of the child; but he said that he had not alluded to this class of cases in his paper. Dr. Barnes having stated that the statistics of Dr. Read were not trustworthy, and that the author of the paper had estimated the mortality to the mothers too high, Dr. Greenhalgh urged in confirmation the results of the practice of the Dublin Lying-in Hospital, and of his own early experience in cases of placenta previa. In conclusion, he trusted that after the expression of opinion of so many eminent accoucheurs, there could be no doubt whatever as to the propriety of early delivery in these cases, upon which the ultimate safety of the mother mainly depends.

MARRIAGE.

Griffith—King.—On the 2nd inst., at Donnybrook Church, Ireland, by the Rev. J. Carson, M.A., Dr. G. de Gorrequer Griffith, of Lupus street, St. George's square, London, son of the Rev. James Griffith, M.A., Rathgar, to Frances Harriette, daughter of the late Henry King, Esq., M.D., formerly Surgeon of H.M. 33rd Regt., of Eldershe, Co. Dublin.

DEATHS.

Andrews.—On the 6th inst., at St. George's terrace, Canterbury, Thos. Andrews, M.R.C.S., aged 59.

Comely.—On the 1st inst., at Winchester, G. Comely, M.R.C.S.E., of Headley, near Liphook, aged 35.

Gilchrist.—On the 4th inst., at Kirkton-bank, Carluke, A. Gilchrist, M.D., Surgeon R.N., on the retired list.

Pratt.—On the 23rd ult., at Bude House, Appledore, Devon, C. E. Pratt, M.D., aged 70.

Sims.—On the 30th ult., at Winster, near Matlock, Derbyshire, W. H. Sims, L.S.A., aged 52.

Harvest Home at the Stafford County Lunatic Asylum.—The patients of this institution have enjoyed their annual holiday. Between 200 and 300 of the inmates, of both sexes, sat down to an excellent dinner of old English fare, and the day was spent in various amusements. The whole proceedings were under the direction of Dr. Bower, the medical superintendent, and passed over without a single incident to mar the pleasure of the occasion.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—James Walbridge Snook, St. Bartholomew's; Joseph William Barrett, Eton, Bucks; James Matthew Lowndes, New Kent road.

The following gentlemen also on the same day passed their first examination:—John Roberts Dunn, Middlesex Hospital; Frederick Marshall, King's College.

Royal Colleges of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—Thomas Beamish, Cork; David A. Burt, Fifeshire; John Burton, Staffordshire; W. Alister Catherwood, Donaghadee; William Charteris, Dumfriesshire; James Clapperton, Queen's County; John Davies, Dublin; Samuel Hague, Ashton-under-Lyne; David J. Jones, Carmarthenshire; John Mitchell, Forfarshire; George B. Murray, Dumfriesshire; Richard O'Brien, Ennis; Henry Patchett, Blackburn; Joseph H. Rockett, Yorkshire.

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—Wm. Hixon Arrowsmith, Co. Durham; Thomas Mein Austin, Edinburgh; Andrew Brown, Biggar; Cornelius Buckley, Skibbereen; George Lion Carrick, Cronstadt; Alexander Clarke, Campsie; Charles Howard Clarkson, E. Indies; Frank Kennedy Dickson, Edinburgh; William Jackson Elmslie, Aberdeen; William Joseph Hepburn, Dublin; David Erskine Hughes, Edinburgh; Joseph Jackson, Cumberland; Henry Northage Land James, Derbyshire; Thomas Radford King, Sussex; Patrick Kynock, Roxburgh; Edward M'Craith, Co. Cork; Joseph M'Donnell, Roscommon; Donald Macgregor, Perthshire; Austin Huitson Nicholls, Dublin; Thomas James Haines O'Connor, Co. Cork; Henry Black Purves, Kelsoe; William Laidlaw Purves, Edinburgh; Schœdde Robertson, Athlone; Valentine Stone, Brechin; William Ballin Thompson, Kerry; David John Walsh, Co. Cork; Edwin Wheeler, Belfast; Francis Buchanan White White, Perth.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—John George, Carrickfergus; Robert Gilmer, Co. Antrim; James M'Ilroy, Bushmills, Ireland; John Clark M'Nicol, Argyllshire; R. Gilbert Williams, Kinsale; Alexander Young, Portglennie.

And the following gentlemen passed their final examinations, and were admitted Licentiates of the College:—James Montgomerie Alston, Glasgow, Alexander M. Anderson, Perthshire; Robert Anderson, Huddingtonshire; Christopher Patrick Bodkin, Co. Galway; James Brims, Caithness; William Campbell, Fort-William; James Smith Crichton, Arbroath; Robert Oliver Cunningham, Prestonpans; Frederick Daly, Co. Cork; James Charles Foley, Co. Cork; Humphrey Carden Gillespie, Cork; Robert Gunn, Caithness; William Skipton Irvine, Londonderry; Andrew Watson M'Andrew, Orkney; Joseph Richard M'Closkey, Londonderry; John M'Gregor, Caithness; Kenneth M'Leod, North Uist; William M'Neil, Wigtonshire; John Moffat, Isle of Man; Patrick O'Keeffe, Co. Cork; John Orr, Glasgow; Angus M'Kay Porter, Belfast; Cuthbert Henry Robinson, Yorkshire; David William Telford, Co. Antrim; Robert Brunner Thomson, Fochabers; David Arno Smet Thorburn, Florence; George Hogarth Turnbull, Roxburghshire; Robert Wright, Edinburgh.

Vivisections with Anæsthetics.—It has been often said of late that vivisections have not added a single fact to practical physiology or medicine, and that vivisections under chloroform is a trivial matter of not the least moment or consequence. A large and important meeting of the Royal Society was held one evening this month, at which the functions of the parts at the base of the brain were the subject of debate, and were most ably discussed. About a

dozen theories, to wit, of the special function of the cerebellum, were cited and examined in detail, including the supposed combining or co-ordination force of Carpenter and the special function in connexion with the sexual organs of Gall, not one of which functions Dr. Brown-Séquard said was true or had a particle of probability to support it. —The debate in the present instance was a masterpiece of such physiological logic as would please John Stuart Mill. Deductions from Leuret's facts and pathology in the human subject admirably urged by Dr. Sharpey, the eliminative logic of Mr. Lockhart Clark, as to what all the other organs do, *leaving out* the cerebellum—we had Dr. Carpenter also in person defending his theory of the combining influence or co-ordinating power of the cerebellum, and denying that what is "volitional" is the same as what is voluntary—we had Mr. Bowman, Mr. Savory (who so recently adopted the popular idea of the co-ordinating power, &c., and proved the cerebellum to be active in somnambulism)—Mr. Huxley breaking a lance with every one, and several others of equal name; but the upshot of the whole thing that we really know nothing of the function of the cerebellum, and will know nothing till a careful series of vivisections under chloroform be instituted. The experiments must be done with microscopic care while the animal is totally still.—In Italy a similar series of experiments are now going on as to the function of the spleen, and already some unexpected results have been arrived at; but quite an excitement has been got up there by English tourists to put down *all* experiments on animals, this opposition arising from want of information, and persons being led by old prejudices of literature now happily abolished.—Dr. Kidd, in 'Medical Press.'

NEGLECT OF VACCINATION.—At a late sitting of the bench of magistrates at Merthyr, James Robinson was charged by the relieving officer with refusing to have a child vaccinated after due notice had been given him to do so. A mitigated penalty of one shilling, with costs, was imposed. A similar case is reported to have occurred at Kidderminster. In this instance two children in the family were already suffering from the effects of small-pox. A nominal fine was adjudged in this case also, the magistrates hoping it would act as a salutary warning to others.

GAS IN BELGRAVIA.—Dr. Aldis, the Medical Officer of Health for this district, has made a series of experiments during the last quarter on the six gases supplied to this locality. The following table gives the average light in sperm candles:—

	Chartered.	London.	Equitable.
Cannel coal	24·38 ...	23·88 ...	26·07
Common coal... ...	14·31 ...	14·31 ...	14·58

All the gases were free from sulphuretted hydrogen, and were so free from ammonia that on only two occasions was any trace of it perceptible.

DR. BROWN-SEQUARD.—The visit to America of this celebrated physiologist is likely to be converted into a permanent residence there, after having abandoned the positions he had successively acquired in Paris and London. He has just received an appointment to the Chair of Physiology and Pathology of the Nervous System (specialised, we presume, expressly for him) at the Harvard University, Boston.

THE SOCIAL SCIENCE CONGRESS AT AMSTERDAM.—The International Association for the Social Sciences (the headquarters of which is in Brussels, and which held one of its meetings in London contemporaneously with our own Social Science Association in 1862) has fixed its next place of meeting at Amsterdam. The Congress will continue its sittings from September 26 to October 1, and has published a long list of subjects to be discussed in the five sections of Comparative Education, Instruction and Education, Art and Literature, Public Charity and Hygiene, and Political Economy. Letters to be addressed to the Secretary, 20 Rue de l'Enclume, Quartier Leopold, Brussels.

THE FOOD OF CONVICTS.—The following is an extract from the circular letter on Penal Servitude, addressed to the judges by Sir George Grey:—"A notion had prevailed in some quarters that the diet was excessive in quantity and unnecessarily good in quality, and the subject was brought under the notice of the Royal Commissioners, who, upon the evidence before them, did not feel justified in recommending any change, though they advised that experiments should be tried, in order to ascertain whether any reduction could safely be made. In consequence of this suggestion, the matter has since been more fully investigated by a committee of experienced Medical men, appointed for that purpose only, and the result has been a moderate reduction in the quantity of food allowed, both in the stage of separate confinement and in that of hard labour upon public works. This alteration has only just been introduced in practice, but there is no reason at present to doubt that it will be attended with success."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUGUST 25.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, AUGUST 25.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, AUGUST 26.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, AUGUST 27.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, AUGUST 29.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUGUST 30.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

MR. CALLENDER.—The list has been inserted.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Dr. A. T. Brett, Watford	0	10	6
G. Harday, Esq., Rugby	0	5	0
Amount previously announced . . .	52	8	0
Received at 'Lancet' Office	3	11	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

August 10, 1864.

STUDENS.—Thrombosis signifies a swelling caused by a clot in an artery: embolia is the disintegration of a clot and its conveyance into some vessels at a distance. These significations of the words have been adopted only recently, in consequence of the investigations of modern pathologists.

X. Y. Z.—It is only fair that the results of all the cases should be published, as it is only by such means that a true opinion can be formed as to the expediency and value of the operation.

Mr. M., *Belfast.*—Consult some respectable practitioner in your neighbourhood, but do not pay any attention to the mendacious advertisements in the newspapers. These announcements emanate generally from a gang of swindlers.

Dr. J.—We cannot form any accurate opinion of the merits of the case, until all the facts are laid before us. The extracts alluded to may perhaps throw light on the subject.

THE letter of our Dublin Correspondent shall appear next week.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,

Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 102.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Disruption of the Placenta.—In removing the placenta either by traction on the cord or by separation with the hand, a portion sometimes is left behind attached to the uterus. It results, in most cases, from mismanagement, either from premature traction on the cord before the placenta has become totally detached, or from an unskilful and hastily effected separation by the hand. In a few instances, however, a portion of the placenta may be left *in utero* without any fault of the medical attendant. Sometimes a small part of the placenta remains attached to the uterus, while the rest hangs loose in the vagina; and if the cord happens to be implanted low down, its insertion will be felt with more than usual facility. Most medical men would, in such a case, effect the removal of the placenta by traction on the cord; and if the attached portion were very adherent, it would be left behind. It shows the importance of making ourselves quite certain of the total detachment of the placenta before proceeding to deliver it by traction, and also of examining it carefully after its removal as a general rule. Then, again, he may meet with a very rare form of placenta, which consists of two separate pieces merely connected to each other by the membranes. Traction on the cord would be very likely to tear through the connecting membranes, and then the largest piece, to which the cord is attached, would come away, leaving the smaller still *in utero*. I have met with only one instance of the placenta being divided into two pieces; and fortunately the membranes between the two did not break, and both were expelled together. In other cases, almost as rare, a small piece of the placenta may be so adherent to the uterus, that it cannot be separated, and has to be left behind. The hæmorrhage in disruption of the placenta is generally most violent for the first day or two; then gradually assumes the form of draining; and about the fourth day the discharge becomes offensive. Sometimes, the flooding does not come on until the third day or later; usually, however, the discharge from the first is too free. The amount of loss depends a great deal upon the size of the piece retained, and the degree of uterine contraction.

Diagnosis.—If the case has been attended by an experienced practitioner himself, the diagnosis will be pretty easy. There will probably have been some difficulty in the delivery of the placenta, and on examining it a portion will be found to be absent. The uterus externally is more or less *tender* on pressure, and the patient complains frequently of afterpains. A tender condition of the uterus, with flooding soon after delivery, is a most valuable symptom. It indicates that there is a foreign body in the uterus —either a piece of placenta, clots, or membranes. In cases where there have been clots in the cavity of the uterus, I have found that organ sometimes even more tender and irritable to the touch than it is in hysteritis, but, on the removal of the clots, the tenderness has all disappeared, and the uterus could be freely handled. The diagnosis may be more difficult if the case has not been seen for some hours after the accident has happened, especially if the nurse has got rid of the expelled portion of the afterbirth, and the midwife or attendant of the patient, from ignorance of the fact, or from a desire to conceal their want of skill, give us no information which will lead to suspect disruption of the placenta. That the hæmorrhage is due to the presence of some foreign mass in the uterine cavity will be probably clear, from the constantly recurring afterpains and the large and tender condition of the uterus. If the case has not been seen until some days have elapsed, besides the symptoms already mentioned, there will be in addition those resulting from decomposition of the placenta, such as irritative fever and an offensive discharge. The offensive character of the flow may be due to the decomposition of clots or of the membranes, as well as that of a piece of placenta; but it affords a clue to the proper treatment, as it shows that there is something in the uterus which ought to come away.

Treatment.—The disrupted piece of placenta should be removed at any period after labour, if it can be effected without much hazard to the patient. The earlier the attempt is made after delivery the more likely it is to be successful. In a few hours the uterus may be so contracted that the whole hand cannot be passed into its cavity without risk of injury; in that case an attempt should be made to remove it by means of one or two fingers. If it cannot be got away, we must then have recourse to means which will restrain the discharge until the placenta is naturally expelled or decomposes away. Ergot is a remedy which I should not give in all cases of this kind. I should certainly administer it, if the contractions of the uterus were weak and far between, but not if the afterpains were very violent and almost without intermission. To restrain the discharge, the following remedies may be tried pretty much in the order stated until success is obtained:—Pressure on the uterus externally, combined with cold freely applied to the abdomen and vulva; injection of a pint of cold water into the rectum; intra-uterine injection of cold water; and compression of the abdominal aorta. If, after the first outburst of hæmorrhage, a slow draining goes on, an astringent mixture may be taken with advantage. Plugging the vagina may be had resort to in cases in which the flooding is serious two or three days after labour, the uterus being pretty well contracted, and other remedies having been first tried and found to succeed only for a time.

Illustrative Cases.

I.—This case was attended by a medical friend about a month ago. It is related in his own words: "S. A., æt. nineteen, married, a small-made healthy-looking girl, was confined of her first child after a lingering labour, owing to the pelvis being rather narrow. After the birth of the child, I as usual passed my hand over the uterus, and found it was contracting fairly. I then made gentle, but firm traction on the cord, having felt its insertion within easy reach of the finger, as well as the mass of the placenta round it. The placenta moved easily halfway down the vagina, and then would come no further. I then let go the cord, and compressed the uterus externally with my hand. After a few minutes, I again made firm traction on the cord, an assistant at the same time applying pressure to the uterus. Feeling the mass of the placenta with the insertion of the cord so far down in the vagina, I used more forcible traction than I would otherwise have done. It then, as if overcoming a slight obstruction, came away with the membranes. Hæmorrhage came on pretty severely, which I succeeded in checking by external pressure and ergot, but only temporarily. The uterus enlarged again, and, as a consequence, severe flooding followed. The hæmorrhage was for a second and third time checked by pressure and ergot, but only for a short period. The flooding had by this time deprived the patient's cheeks of all their colour, and my efforts to stem it having failed, I passed my hand into the uterus and found a piece of the placenta, of the size of half an orange, firmly adherent. Of course, I removed this with my fingers, when the uterus immediately contracted well, expelling my hand, with some clots. From this time, no more loss occurred, and the patient recovered without a bad symptom."

II.—The following interesting fatal case is quoted from Dr. M'Clintock's 'Clinical Memoirs on Diseases of Women,' page 339:—"This case I saw in the autumn of 1846, in consultation with a practitioner of this city. The patient, a short, healthy woman, was the wife of a butcher, living in the neighbourhood of the Castle market, and had been confined of her sixth child seven days before my visit. The

history I got was as follows :—The child had presented with the feet ; hæmorrhage took place soon after its birth ; and on introducing the hand for the placenta, this was found so intimately adherent to the uterus, as to render its removal difficult and incomplete, some portions remaining behind. She went on, however, most satisfactorily until the fifth day, when she had a sudden and profuse dash of hæmorrhage, which recurred again and again at intervals At the time of my visit (for I only saw her once), she was much blanched and nearly pulseless, but no discharge of blood was then going on. Late on the afternoon of the ninth day, there having been some loss in the interval, the hæmorrhage broke out afresh with great violence, and before assistance could be obtained she was a corpse. In this instance, it is remarkable that the flooding was the only untoward effect of the retention, no fever or local irritation having been induced. At the time of my seeing her she had a plentiful secretion of milk. I hesitate not to say that this woman's life might have been saved by the timely use of the tampon."

ORIGIN AND NATURE OF SYPHILIS.

By Richard Samuel Sisson, M.D.

(Continued from page 120.)

Ricord always held that the course of constitutional syphilis had nothing to do with the size, progress, and complications of the indurated sore which precedes it. Everything, he says, depends on the temperament, constitution, or state of health of the patient.

It appears to me, however, that the opinions of Ricord and Acton really amount to the same thing ; for, as Mr. Paget states, "the character of the constitutional manifestations depends, like that of chancre, on the peculiar character of the blood."

Bassereau says : "Chancre is, as it were, the touchstone of the constitution. By the action it exercises on the tissues, we are enabled to foresee by what immediate or distant consecutive symptoms it may be followed. When benign, it will announce constitutional symptoms of little gravity ; when malignant it will, on the contrary, allow us to foresee that the patient will be affected with consecutive symptoms of a serious nature, so that we can put down as a law the following proposition: Benign indurated chancres are followed by benign syphilitic eruptions and affections of the various tissues, without any tendency to suppuration ; indurated phagedænic chancres are followed by malignant syphilitic pustules, and later by ulcerated affections of the skin, suppurating exostosis, necrosis, and caries." ('Traité des Affect. de la Peau Symptomatiques de la Syph.')

It must not be supposed, however, that a patient with benign chancre would necessarily communicate the same benign disease to another. This would equally depend upon the constitutional peculiarities of the recipient, as we might, *à priori*, be led to expect.

Fournier says : "At the time Ricord was delivering his clinical lectures there happened to be a patient in the wards affected with a contagious phagedænic chancre. This chancre had resisted the various medications applied at home, as well as at the hospital. It had destroyed the greater part of the foreskin, ploughed up the corona, on which it had formed a deep groove, and finally carried away one-half of the glans, which was horribly disfigured. . . . I was fortunate enough to inspect the woman by whom this patient had been infected, and I found on the right labium an indurated chancre of about the size of a twenty-centime piece ; the base of the chancre presented a well-defined induration. . . In the course of a few weeks the ulceration was cicatrised. The chancre during its existence never manifested a tendency to spread itself, nor assume the phagedænic form." Both were affected with constitutional syphilis (of what character is not stated). The man was thirty-two years of age, of bilious temperament ; the woman, twenty-one, slightly lymphatic. They had been living long together, and were subjected to the same hygienic influences.

Most of the authors I have cited use the term tertiary when describing the last stage of constitutional syphilis. It is badly chosen, since tertiaries so-called are frequently the first manifestation of constitutional infection ; and, as generally met with, nothing more, as Dr. Wilks has shown, than the sequelæ of syphilis, or, in other words, the results of a cachexia produced by the syphilitic poison. If the syphilitic virus were present at this stage, we might reasonably expect the same results from contact with the matter of a so-called tertiary sore as obtains from a secondary. All observers and experimenters have, however, agreed that tertiaries so-called are not contagious.

Contagion of Secondary Syphilis.

Ricord followed Hunter in promulgating the dangerous and, as now proved, erroneous doctrine, that the matter of a secondary sore is not contagious. Mr. Acton supports his great master. All these eminent men were, however, misled by the fact that no results followed the artificial inoculation of individuals with the pus of secondary syphilitic sores. We shall see, however, presently, that inoculation artificial and inoculation physiological are not equivalent processes.

Mr. De Meric formerly held the same opinion on these grounds :—He had practised inoculation forty or fifty times with secondary and tertiary pus without any effect, and he was told by Dr. Faye that he had obtained the same results by ordinary inoculation, but had produced an effect by scraping, bathing, and packing up the tissues with the matter. "Indeed," says Mr. De Meric, "I am inclined to believe that if we were to try the pus of cancer, which is well known to be *uncommunicable by ordinary contact* or inoculation, and force it into the system in the manner above mentioned, we might, perhaps, obtain a new and unexpected result."

Mr. De Meric's premises regarding cancer were false, for Dr. Watson mentions instances in which cancer of the penis occurred in men whose wives laboured under the same disease in the uterus ; and Mr. Mayo remarks : "No one believes cancer or medullary sarcoma to be contagious ;" and that he is fully persuaded from his own observations, as well as from the authority of others, that the matter of cancer or of secondary syphilitic sores introduced into the skin upon a lancet will not produce the disease ; but that he and others have witnessed cases of cancer of the penis contracted in the natural way from wives having the disease. The same form of cancer existed in man and wife.

Of the contagious nature, however, of secondary syphilitic sores, the proofs have become so overwhelming, that not only Mr. De Meric, but most syphilographers of the present day acknowledge the fact ; but as yet we have no such unanimous opinion with respect to that all-important question—Have the natural secretions of tainted individuals the same contagious power?

Mr. Erasmus Wilson says : "One mode of transmission of the syphilitic poison is that in which a man or woman, having been contaminated by the poison, and having been to all appearances cured of the consequent disease, has, nevertheless, become so saturated with the virus, as to possess the property of communicating syphilis to a sound person, by means of his secretions ;" and this mode of transmission he illustrates by cases which have fallen under his own observation. In the following case the infector had never had any secondary manifestation whatever :—

"A young man had a venereal sore which was situated on the inner side of the prepuce. It got well in a few weeks, with the aid of a lotion of sulphate of zinc, and he was not aware of any secondary symptoms having followed in its train. Three years afterwards he had gonorrhœa, which lasted two months ; and three years later he married. A fortnight after marriage, the wife, who was a remarkably healthy woman, twenty years of age, applied to me, in consequence of suffering extreme soreness of the vulva, attended with discharge. On making an examination, I found the clitoris and labia much swollen, an abrasion, with a superficial ulceration of the mucous membrane in several places,

and a small quantity of purulent secretion. . . . Secondary symptoms followed."

On the 21st Jan. last, a most interesting paper was read before the Harveian Society "On Indurated Chancre in the Female." The author, Mr. De Meric, related two cases in which the communicants, though labouring under secondary syphilis, had sound organs of generation.—('Med. Circ.,' Feb. 10, 1864.)

But is it possible that such secondary infection could take place without the intervention of a local disease in the recipient; or, as Mr. Mayo puts it with regard to primary syphilis, "are local symptoms necessary at all in syphilitic contagion, or may the poison be directly absorbed without producing any sensible local disturbance at the point where it finds entrance?" "Every surgeon," he adds, "must have met with cases where decided symptoms of secondary syphilis existed, yet in which the patients, where there has been no motive for concealment, have retained no recollection of any antecedent local affection. I conclude that it happens occasionally that a patient entirely overlooks the existence of the primary sore, which heals without the use of remedies. Nevertheless, it is not impossible that the venereal virus lodged upon a surface may make its way into the system without causing a local ulcer at the point where it has found entrance."

"A gentleman," says Mr. Erasmus Wilson, "had a small venereal sore on the prepuce in the month of November. It got speedily well. In the succeeding month of February he suffered from sore-throat and rheumatic pains, but of so slight a nature that he took them to be merely symptoms of a common cold. In the month of June following I was called to see his wife, in consultation with her medical man. She was suffering from syphilitic sore-throat, roseola, &c. She had no disorder of the genital organs, and her husband was free from any symptoms of disease." Mr. Wilson remarks: This is not an isolated case, but I select it from others on account of its freedom from complication, either by time or medical treatment. The primary disease in the husband was slight, but well established; the syphilitic fever or secondary fever was so trivial as to be taken for a common cold; and although the patient consulted his medical man, a relative, on the propriety of marrying under the circumstances, the medical man saw no reason to object;" and he adds: "I apprehend that in this case no one can doubt the natural secretions of the mucous membrane of the husband being the medium of transmission of the poison; and as there was no local disease in the wife, the poison must have been imbibed into her system at once, and thus have contaminated her blood."

Most practitioners must have met with similar cases, which, probably disbelieving their patient's statement, they accounted for in a different way. I have seen several, and was glad to find that the conclusion I arrived at was supported by the opinion of Mr. Wilson.

In his work on syphilis, Mr. Erasmus Wilson has given similar cases of infection, in which, however, the woman was the infector, the man the infectee. The possibility of the one being granted, I see no reason to doubt that of the other.

Swediaur says: "Sometimes, in foul coition, the virus is absorbed by the lymphatic vessels, and directly causes buboes; at other times it seems to pass, immediately after impure coition, into the body, and then produces syphilitic affections in the throat, the skin, and even in the bones, without producing any sensible effect in the parts to which it was at first applied, and that without leaving the smallest trace on the surface of the body. This is what often gives rise to grave errors, into which the physicians often fall, as well as the patient, by supposing the present syphilitic symptoms are owing to some old venereal disease badly cured; though these symptoms may proceed really from a much more recent infection, because they do not think, or cannot even imagine, how it is possible to get the pox without first having had chancres or a hæmorrhage in the genital parts. For the same reason, they are also sometimes disposed to ascribe the cause of their disorder to some perfectly innocent person."—('Syphilis,' vol. i.

(To be continued.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

CHARING-CROSS HOSPITAL.

(Cases under the care of Mr. Hancock.)

Case I. was a bad form of paronychia, or whitlow. The subject of it was a man of about middle age, or somewhat past it, of full habit of body, and of large build. The affection had resulted from a wound of the little finger, where, however, it did not stay its influence, but rapidly extended itself to the hand, and thence to the wrist of the forearm; so that on the occasion of our visit these parts were red, swollen, the skin covering them tense and glazed, and all the other wonted symptoms of involvement of the lymphatics. This condition of the parts was limited to the forearm and the tissues below it; and the elbow seemed to be a boundary, no doubt only temporary, to the morbid action.

Synchronous with all the local disturbance there were, likewise, constitutional or sympathetic symptoms. The tongue was coated with a white creamy-looking fur; the saliva was thicker than it is in health, and with a certain degree of viscidity; the lips were dry; the surface of the body was hot and dry; the pulse on the affected side seemed fuller and to be travelling more rapidly than that in the opposite arm; the water was scanty and highly coloured, and communicated a sensation of heat to the urethra as it passed through that canal; the patient was, moreover, restless and uneasy, and had a feeling of general discomfort.

The treatment prescribed by Mr. Hancock was as follows:—The patient to be kept in bed, and as quiet as possible; the arm bath (which is nothing more than the immersion of the forearm in a vessel of hot water, hot as it can be borne) to be used for the relief of the local disturbance; bark and carbonate of ammonia to be administered internally, as well as a certain quantity of gin and hot water—the former for the purpose of giving tone and strength to the system generally, and for the removal of the depression which existed; the latter to procure a better action of the kidneys, to promote a relieving of any congestion which may have obtained in their blood vessels, and the removal of any obstruction in their uriniferous tubes.

Such were the indications of the treatment to be pursued, and such the objects sought to be obtained.

Case II.—*Elephantiasis.*—This was a case of elephantiasis arabum, or that form of elephantiasis which consists in a hypertrophy of all the tissues,—integument, cellulo-adipose, or connective, muscles, bones,—and at the same time the deposit of a new and altogether foreign and cacoplastic material.

In the subjects of this disease the outer skin will be found to be slightly thickened, while the cutis vera will have become very much so; its structure wholly altered, having been converted into a hard, dense, and rigid tissue, which gives to the affected part its peculiar feel, sometimes brawny, at other times as of stiff old leather which had been well soaked and then allowed to dry slowly and partially, or which had been only partially soaked and then allowed to dry by the process of spontaneous evaporation.

The patient was an old man; was pallid and blanched; emaciated to a great degree; with a peculiar cachectic appearance, and an anxious saddened expression of face; the eyes, sunken; the cheeks were robbed of their fat, were also sunken and hollowed; the entire body was wasted, and was in strange contrast with the enlarged limb.

The disease was limited to the leg, the knee-joint forming the boundary of limitation, and, because of the swelling below it, apparently smaller than the same joint on the opposite side.

Treatment.—Pil. hydrarg. cum scillæ co.; gin and hot water; bark and ammonia; just as in the last case, inasmuch as the indications were the same.

Case III.—*Irritable Bladder and Irritable Urethra.*—The patient was advanced in years and suffered from some of the symptoms of stone in the bladder, of which the most

prominent were frequency of micturition and pain—somewhat acutely felt—after the bladder had been evacuated. The patient was laid on the bed, and when he had placed himself upon his back, Mr. Hancock sounded the bladder accurately, not desisting from his examination till he had fully satisfied his mind that no calculus was present.

The man was ordered a mixture of liquor potassæ, spiritus etheris nitrici, and opium.

This is exactly one of those cases in which we are in the habit of prescribing the bromide of ammonium and with most marked effect, the distress arising from the irritability being rapidly and entirely removed.

We would commend this medicine to the attentive notice of our readers, not alone in the affection of which we are treating, but likewise in all ailments of a similar or nearly similar nature.

CASE IV.—The next bed to which we came contained a patient who was suffering from suppuration consequent on a compound fracture of the leg.

CASE V.—*Compound Fracture of the Ankle-joint.*—In this instance there was some deformity, yet not by any means as much as might be expected from the injuries done to the limb. The man was of the middle period of life, and, previous to the accident, had been of good habit of body. There was a wound on the inner side of the leg, just about the inner malleolus, and from which purulent creamy-like matter flowed pretty freely.

This is exactly a case in which Mr. Hancock—one of the great advocates for preservative surgery—takes especial pleasure, and it was with pleasurable feelings he dwelt upon the interesting features of the lesion before him. Formerly, it was the custom to condemn a limb when reduced to a condition such as that which engaged our attention, and to effect its removal as speedily as expediency and the exigencies of the case would allow; but now, no surgeon would think of sweeping off a limb, or even part of a limb, because of injuries such as obtained in the present instance, or even of a more serious import; until, at least, he had used every endeavour and exerted himself to his utmost for the conservation of both the broken parts and the entire limb to which they belonged.

Mr. Hancock pointed out the necessity for strict adherence to this law of preservation, on the ground that the records of surgery furnish a sufficient number of instances where the broken parts, the entire member, and life itself, were imperilled by a fracture; but where, with most careful watchfulness and treatment, skilful, because based on experience, all were carried through the ordeal of uniting and healing, and in the end restored to their original healthy action.

In the instance before us, the fracture had extended into the neighbouring joint, which was the ankle; and Mr. Hancock took opportunity to mention that, even were the knee involved in the same manner as was now the ankle, it was imperative upon the surgeon to adopt measures—not for the removal of either the joint so implicated, or the limb to which the injury had been done, and to which the joint belonged—but for the preservation of all the injured parts.

We have *in memory* a case that we saw in Mercer's Hospital, Dublin, under the care of Mr. Butcher, in which there was a comminuted fracture of the lower end of the femur, extending into the knee-joint.

The patient, if we recollect aright, was a young and strong man, of good condition and excellent health, and had received the injury in consequence of the falling of a "stand" at a racecourse.

The limb was immediately, on the patient's admission into hospital, put up in the splint to which Mr. Butcher's name is attached, and was kept in it till perfect union of the broken parts was effected. Recovery was perfect; and the man afterwards walked with only slight stiffness, from which, however, he ultimately recovery.

CASE VI.—In the next bed was another instance of compound fracture of the tibia. This patient, on the second day after the injury, had been attacked with that peculiar form of delirium called by the names, delirium traumaticum, nervous or irritative delirium, and characterised by a total want on the part of the sufferer of concern as to consequences; by the flinging about of the limb in a reckless manner; the tearing away of all kinds of dressing, and by efforts to tear open the wound itself; by dilatation of the pupils (generally), an anxous, careworn expression of the face which is blanched and cold and often covered with a clammy moisture. The blanching and cold sweat give way during the excitement of the delirium to a redness of the face, and to that kind of perspiration which arises from exercise; the entire surface of the body is cool, or even cold, and covered with a clammy sweat; that is, in those moments when the patient is free from the insane excitement, and lies completely passive, and, physically speaking, is at rest; the pulse, in the hours of quietude, is small, quick, frequent, and sharply strikes the fingers laid upon it; the tongue is covered with a creamy-white fur and is tremulous when protruded; the palms of the hands are damp and covered with cold perspiration; the sensorium is affected, as is evident by the low, muttering delirium which possesses the patient, from which, however, by being addressed, he can be recalled to reason and his proper senses. The tremor attendant upon this form of mental aberration would lead to the supposition that the patient was suffering from the delirium of drunkards; and this opinion would be confirmed by the other symptoms, among which spectral allusion must be made to occupy a prominent place.

CASE VII. was that of a young man in whom excision of the head of the astragalus had been performed, and that portion of the scaphoid into which the head of the astragalus fitted, and which had secondarily become involved in the disease.

In the first instance, the incision necessary for excision of the joint was practised; but when a more accurate examination of the diseased parts was obtainable, and their actual condition had been ascertained, Mr. Hancock deemed it advisable to take the first-mentioned steps rather than to sacrifice the entire joint.

The operation succeeded beyond the brightest expectations, and the objects sought to be obtained were being each day fully accomplished.

CASE VIII.—This was a patient who had received a compound fracture of the humerus by the revolution of the arm in a railway-carriage wheel, between the spokes of which the limb was caught and twirled round. There had been some secondary hæmorrhage, not, Mr. Hancock considered, from the main artery, but from the smaller vessels, of which some were probably engaged in the injury done the soft parts.

Mr. Hancock dwelt upon the fact that, in violence done to the limbs, or, indeed, to any part of the body, the vessels, especially the larger, manage to slip themselves out of the way and so to elude any cause which might inflict upon them injury. He also, in the course of some bed-side remarks, related a case that had fallen under the notice of Mr. Guthrie, in which the ball passed through the soft parts covering in and lying subjacent to the vessels, had not injured these latter, but had traversed onward in its course and directly between the two vessels, the femoral artery and vein.

In the present case there was no injury done to the joint, although the fracture had occurred so close to it; nor did Mr. Hancock anticipate any anchylosis or other abnormal alteration.

The mode of treatment, which we had an opportunity of witnessing, was as follows:—The forearm was bent upon the upper arm at right angles, and was then laid on a well-padded splint, having the same curvature and the same degree of curvature as the arm; along the posterior surface of the limb there were laid two other splints, one corresponding to the forearm and the other to the upper arm; besides these, there was another splint—a shorter one—placed along the anterior surface of the arm. All these appliances were held in their places by means of straps and buckles, over which again were wrapped the folds of a calico bandage.

The bone had united, and reparation had also gone on extensively in the wounded soft parts.

CASE IX. was one of femoral coxalgia, occurring in a

child of about five years of age. There was an abscess in connection with the diseased condition of the joint; and, as it had pointed externally, it poured out its contents at the site of pointing, which was in the immediate vicinage of the great trochanter.

As we have in one of our late numbers written a somewhat full account of this affection, we shall not here pause to give the subject a lengthened consideration.

Case X. was one very full of interest. It was that of a little girl on whom had been performed amputation of the leg immediately above the knee, after excision of the knee-joint had been put into execution, but with want of success.

These operative measures had been deemed necessary because of the ravages of idiopathic disease upon the knee-joint.

Among the out-patients we saw a very bad case of synovitis. The subject of it was a young, strong, active-looking woman: the synovial membrane was immensely distended with fluid, and the patella, lifted altogether out of its place, was found floating at the surface of the distension.

The lesion had resulted from an injury to the articulation.

The treatment carried out in this instance by Mr. Hancock was—first, rest, absolute and complete; secondly, fomentations as hot as ever they could be tolerated; and, thirdly, the internal use of the bark and carbonate of ammonia mixture.

Case XI.—Also among the out-patients. This was a female cook, who, some little time previously, had been a sufferer from diarrhœa, and who, on the sudden arrest of the alvine discharges, had been attacked with phlebitis of the internal saphena vein of the right leg. The affection had supervened very rapidly, and without any apparent cause besides that just mentioned.

The vein was enormously distended; so much so, indeed, that Mr. Hancock was apprehensive of its bursting at one of those points where it was most prominent, and cautioned the woman (who would not at once come into hospital) that, were such an accident to take place, she should check the bleeding by placing her thumb on the aperture whence the blood would flow. We have said that the vein was distended and prominent at certain points; but, besides these two conditions, it was likewise immensely dilated; was hard, owing to the prominences; presented a knotty appearance. Each prominence seemed to correspond with a valve and to occur in its immediate vicinage. In addition to the above symptoms, there were—heat of that part of the limb along which the inflamed vessel travelled; increased action of the femoral artery, and some pain in the limb, more especially in the immediate course of the vein; there was a sense of general discomfort in the entire leg and thigh, but the amount of pain and local uneasiness, of febrile symptoms, and general sympathetic disturbance were of no great moment, and, in comparison with the magnitude and importance of the local affection, were, indeed, trifling.

Mr. Hancock, in his remarks upon the case, pointed out that the ailment was, in a number of instances, the result of exposure to cold; or, as not infrequently occurred, of the sudden disappearance of the menstrual excretion.

It was not at all unlikely that this woman, from the nature of her employment, had been subjected to the former of these exciting causes. The reasons for the greater frequency of the affection in women rather than in men are, not alone the style of dress worn by them, but also the general comparative delicacy of structure, formation, and constitution, and the difference of action in the sexual functions. All these causes entail a very great susceptibility to the lesion, and, certainly, a very much greater tendency to its occurrence in the female than in the male sex. In the latter we more frequently find the traumatic rather than the idiopathic form of the affection.

We would make one remark before closing these observations, and that is as to the rapidity with which the inflammation is lighted up and the celerity also with which it travels, blocking up as it extends itself along them the vessels it may have invaded.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., Ph.D., &c.,

Fellow of the Linnean, and the Chemical Societies, Medical Officer for the City of London, and Professor of Chemistry in the College of the London Hospital.

No. XXIV.

Liquor Ferri Pernitratis.—This preparation was formerly contained in the Dublin Pharmacopœia only; and the process which was there given for its production is the one now adopted.

It is prepared by putting one ounce of fine iron wire into three ounces of nitric acid, previously diluted with sixteen ounces of water; leaving them in contact until the metal is dissolved, taking care, if necessary, to moderate the action by adding a little more water; then filtering the solution, and adding to it as much distilled water as will make its bulk one pint and a-half.

Operating under these circumstances, the nitrate of the peroxide of iron is at once produced, the reaction which occurs being as follows:—

$$2\,Fe + 4\,NO_3 = Fe_2O_3\,3\,NO_5 + NO_2.$$

By cautiously treating metallic iron with very dilute nitric acid, and keeping the liquid perfectly cold while the metal is dissolving, it is possible to obtain a solution of the nitrate of the protoxide of iron. Under these circumstances no gas is evolved, but nitrate of ammonia is formed. This change is represented by the following equation:—

$$8\,Fe + 10\,NO_5 + 4\,HO = 8\,(FeO,\,NO_5) + (NH_3\,HO\,NO_5).$$

This formation of ammonia also takes place to a certain extent during the production of pernitrate of iron, and, indeed, whenever metals are oxidised by nitric acid; the metal abstracting eight atoms of oxygen from one of nitric acid and three of water, leaves one of nitrogen with three of hydrogen, which, combined, constitute ammonia.

Proto-nitrate of iron, however, is an exceedingly unstable body, and the slightest alteration of temperature is sufficient to effect its conversion into persalt. In the Pharmacopœia process, the heat generated by the energy of the chemical action at once determines the formation of pernitrate.

It is a most remarkable character of metallic iron that, under certain circumstances, it is unacted upon by nitric acid. A piece of clean iron wire, for instance, may be introduced into strong nitric acid, and probably no action whatever will occur. The iron will remain in contact with the acid without the slightest solution or a bubble of gas forming, but on the addition of a quantity of water violent action will at once set up. When the iron refuses to assume this "passive" condition, as it is called, it may generally be established by touching the metal with a rod of platinum.

Pernitrate of iron, in its ordinary condition, is uncrystallisable, and cannot be obtained in the dry state. Its solution, moreover, is very apt to deposit sub-salt. Liquor ferri pernitratis is described in the Materia Medica as a clear solution of a reddish brown colour, slightly acid and astringent to the taste, giving a blue precipitate with ferrocyanide of potassium. When to a little of it, placed in a test tube, half its volume of pure sulphuric acid is added, and when a solution of proto-sulphate of iron is poured on, the whole assumes a dark brown colour. This test indicates the presence of nitric acid, and thereby proves the salt to be a nitrate. The liquor has a specific gravity, 1·107. One fluid drachm, treated with an excess of solution of ammonia, gives a precipitate which, when washed, dried, and incinerated, weighs 2·6 grains. It gives no precipitate with ferridcyanide of potassium. This character indicates the absence of any proto-nitrate.

Ferri Peroxydum Hydratum.—Following the example of the Dublin and Edinburgh Colleges, the British Pharmacopœia orders peroxide of iron to be kept in two condi-

tions—the one as a dry powder, and the other as a moist, pasty precipitate. These are distinguished by the names peroxide of iron and hydrated peroxide of iron, although in reality they both contain water, and are, therefore, both hydrated.

The hydrated oxide is made by mixing four ounces of the solution of persulphate of iron already described with a pint of distilled water, and then pouring the mixture into thirty-three ounces of solution of soda, stirring well for a few minutes; collecting the precipitate so formed on a filter, and washing it with distilled water, until the filtrate ceases to give a precipitate with chloride of barium. This oxide is to be preserved by enclosing it, without drying, in a porcelain pot, the lid of which is made tight by a luting of lard. The Pharmacopœia adds that this preparation should be recently made.

The chemical reaction which occurs is extremely simple:—

$$Fe_2 O_3, 3 S O_3 + 3 Na O = Fe_2 O_3 + 3 (Na O, S O_3).$$

The oxide of iron so liberated associates itself with water, forming a hydrate which the Pharmacopœia represents as "$2 Fe_2 O_3, 3 H O$, with a variable amount of uncombined water." Whether this variable amount of water can be spoken of correctly as absolutely uncombined is perhaps a little questionable. It is undoubtedly retained by the oxide with a certain amount of force; and while so present the oxide possesses certain properties, which it loses when this water separates. In the moist, recently precipitated condition, oxide of iron is quite gelatinous. It, in fact, then belongs to the class of bodies which Professor Graham has named *Colloids*; and which all possess the property of associating themselves with an uncertain amount of water to form *jellies*, or gelatinous hydrates. In this state, oxide of iron is most freely soluble in weak vegetable acids; and it is in this condition only that it can be advantageously used for the preparation of the scaling salts of iron, such as the citrate and potassio-tartrate. But this condition is not permanent; if the gelatinous mass be preserved in a bottle for some time, it will be found that the oxide of iron and the water separate from each other, and ultimately a fine pulverulent precipitate will collect at the bottom of the vessel, and a column of clear water will float over it. After this separation has taken place, the oxide will no longer dissolve in the vegetable acids, and it will have lost its colloidal character.

It will be observed that the Pharmacopœia directs the solution of iron salt to be poured into the alkali, and not the reverse, as has generally been the case. This is decidedly the best method of operating; it is very important, in order to obtain a pure oxide, that the alkali should be in considerable excess, and this is insured throughout the precipitation by the Pharmacopœia method of mixing. Unless an excess of the alkali be used, the oxide of iron obstinately retains a portion of the sulphuric acid in the form of an insoluble basic sulphate. It will also be found necessary to use distilled water for washing the precipitate, for the alkaline nature of the oxide would occasion the separation of the lime salts from common water and so contaminate the product. The oxide of iron always retains a portion of the alkali used for its precipitation so strongly that it cannot be removed by any amount of washing. It is on this account that ammonia has generally been used as the precipitant. The Pharmacopœia, however, now orders soda—a change which we regard as unfortunate.

The tests given in the Materia Medica for hydrated peroxide of iron are, that it shall be free from grittiness, and leave on calcination about twelve per cent. of peroxide of iron.

FERRI PEROXIDIUM.—This is prepared by placing the moist hydrate in a warm place until it is dry to the touch, and then exposing it to a heat of 212°, until it ceases to lose weight. When so prepared, it will have the composition Fe_2O_3, HO, and it will be a powder of a dull brown colour. Unfortunately, there is a general liking for bright coloured substances, and consequently this oxide is rarely to be met with in commerce. Manufacturers generally calcine their oxide to give it a nicer colour; but by so doing they deprive it of the atom of water it should contain, and thereby greatly diminish its solubility in acids.

PARISIAN MEDICAL NEWS.

ACADEMY OF SCIENCES.—M. Sédillot brought before the notice of the Academy his method of scooping out diseased bone. The object of the procedure is to leave untouched a layer of bone beneath the periosteum, so as to preserve the shape of the limb and the principal muscular attachments, supplying at the same time all the elements of complete future repair by the transformation of the plasmatic cells of the periosteum, and of the hollowed-out osseous structure. The Professor endeavoured to show the superiority of this method over excision performed beneath the periosteum, an operation instituted in animals and in the human subject with hitherto uncertain results. M. Sédillot's experiments on animals have demonstrated to him the possibility of removing one-half, or even two-thirds, of the shaft of a bone, by excavating the medullary duct without injuring the shape, solidity, or uses of the limb, the bone being reproduced with a degree of perfection which up to the present day had never yet been attained.

In a dog, aged ten or twelve years, the excision beneath the periosteum of fifteen lines of a bone was not followed by any osseous reproduction; but one half of the thickness of the shaft of the os humeri was scooped out, and a new and perfect bone has since formed.

M. Sédillot conceives that such strikingly favourable results must encourage surgeons in the attempt to preserve limbs in many diseases which formerly would have been deemed absolutely to require amputation.

The action of tobacco on the heart was the subject of a paper read by M. E. Decaisne.

"In something less than three years," said the author, "I have been enabled to collect in the three parishes of Mello, Cirès-lès-Mello, and Saint-Wast-Lès Mello (Oise), twenty-one cases of intermittence of the pulse, entirely unconnected with organic disease of the heart; in eighty-eight inveterate smokers, nine were at the same time liable to dyspepsia, but the other twelve never complained of any disturbance of the gastric functions; five or six of the patients had for some time noticed the intermissions of the action of the heart, but paid no attention to the symptoms. In seven cases the intermittence entirely disappeared after a month's discontinuance of the practice of smoking. Two of these individuals were subject to indigestion, and experienced no relief in this respect. In nine others slight improvement only was effected. The remaining five I have lost sight of; all were between twenty-seven and forty-two years of age, and were either spinners or quarrymen.

"None of these subjects were affected with organic disease of the heart, and but few were in that state of health which gives rise to functional disturbance of the action of the viscus. In addition, the discontinuance of the injurious habit of excessive smoking restored the circulation to its natural type; I do not therefore conceive that the following conclusions can be considered rash or premature:—

"1st. Excessive smoking induces in some cases what I may term a state of *narcotism of the heart*, indicated by intermittences in the cardiac and arterial pulsations.

"2nd. This irregularity of the circulation may occasionally be removed, if the habit be partially or altogether discontinued."

ACADEMY OF MEDICINE.—Dr. Azam, of Bordeaux, read a memoir on sudden death, caused by emboli in the pulmonary blood-vessels, after certain traumatic injuries. The following were the conclusions of his paper:—

Fractures and contusions may give rise to the formation of emboli, and to suddenly fatal symptoms.

These emboli originate in a thrombus around the veins of the wounded region, consequent on the absorption of extravasated blood.

The thrombus and the antecedent phlebitis are in general latent, but are, doubtless, more common than has been hitherto supposed.

Careful examination of the superficial and of the deep-seated veins can alone prove their existence.

Sudden pulmonary symptoms, such as dyspnœa, hæmoptysis, præcordial pain, syncope, &c., indicate the presence in the lungs of an embolus, and should therefore awaken the surgeon's attention to the condition of the venous system.

In venous disease the concretions are more or less adhesive, the degree of plasticity of the blood being proportionate to the firmness of the adhesions. Fractures in which absolute rest is required are unfavourable to the plasticity of the blood.

General or partial movements, attended with effort, and the application of pressure, may displace embolic coagula.

In cases of fracture or contusion, surgeons should carefully inquire, a fortnight after the occurrence of the accident, whether any latent phlebitis be present.

If any venous inflammation be detected, entire rest, antiphlogistic measures, and alkaline remedies must be prescribed.

M. Ollier forwarded, through M. Velpeau, the particulars of a case of deformed callus, in which the radial nerve was included. The Lyons surgeon resorted to a procedure suggested by the nature of the injury. The callus was exposed, and a portion was removed with the gouge and mallet, in order to liberate the nerve. A complete recovery has been effected. M. Velpeau remarked that the case was without a precedent in the records of science.

An ingenious contrivance to illustrate the mechanism of the human voice was exhibited by Dr. Collongues, who calls it the *pneumonoscope*. It consists in a bust or lay-figure in statuary-pasteboard, with ten apertures on the anterior part of the chest, and two at the back, each bearing the designation of the peculiar breath-sound to be heard in that region. India-rubber tubes issue from the base of the chest, and to these a blower may be adapted, which on pressure gives rise, according to the tube used, to a faithful imitation of every variety of breath-sound in health or in disease.

To produce the rhonchi, prepared mouthpieces, moistened with an albuminous fluid, must be adapted to the blower, and crepitus, subcrepitus, cavernous, sibilous, or sonorous rhonchi may thus be generated at will.

Thoracic fluctuation, and friction-sounds of every degree of roughness, may also be caused by a very simple contrivance.

The most satisfactory mode of ascertaining whether these artificial sounds are correct reproductions of those observable in pulmonary disease was obviously to refer the matter to the judgment of persons thoroughly conversant with the phenomena of auscultation. Messrs. Bouillaud Barth, Trousseau, Blache, Béclard, and many other learned practitioners were therefore consulted by the author, and all have encouraged his efforts by their approbation.

SOCIETY OF SURGERY.—M. Follin presented a patient in whom he had trephined the mastoïd cells for an abscess consequent on otitis of the middle ear. In this case M. Follin discarded all idea of tubercles of the bone or caries, and attributed the osteitis to the propagation of the inflammation from the mucous lining of the throat to the internal membrane of the mastoïdian cells. The symptoms chiefly consisted in deafness, otorrhœa, swelling, and redness of the mastoïd region, and in an amount of pain so considerable as to cause fever and delirium. Twenty-four hours had scarcely elapsed after the operation, when the otorrhœa and pain subsided, and pus was freely discharged from the wound. In the course of a month cicatrisation was effected, and the patient has entirely recovered. M. Follin has twice obtained the same success from the application of the trephine, in similar cases; and M. Forget has also effected a cure in disease of the mastoïd cells, by perforations with the gouge and lenticular knife.

Several procedures are in use for the treatment of hepatic cysts. Récamier's plan consists, as our readers are aware, in the application of caustic potash, for the purpose of promoting the formation of adhesions, and in the subsequent incision of the tumour when the chances of effusion of its contents into the peritoneum have thus been averted. In M. Boinet's method the cyst is opened at once, and an india-rubber tube is placed in the wound in order to excite adhesive inflammation. A discussion took place on the respective merits of these operations, and M. Boinet's procedure was generally considered dangerous. M. Veillemier remarked that this plan is attended with considerable peril, unless spontaneous adhesions can be positively ascertained to have formed.

M. Chassaignac remarked that he had operated in four cases, in which the cyst contained a transparent fluid, and that a cure was effected in every instance.

The first patient was a woman, and the contents of the sac were removed by puncture: the second subject was a farrier; caustic potash was applied, a trocar was inserted through the eschar, and an iodine injection was thrown in. Two other patients had since been treated by him with perfect success; he had in the first instance merely punctured the tumour, and the sac having filled again, he resorted to the injection of iodine.

In addition, a communication on the same subject was received from M. Heurtaux, surgeon of the Hôtel-Dieu at Nantes, who forwarded the particulars of a case of hydatid tumour of the liver, of five years' standing, which was effectually cured by a single puncture with a trocar half a line in diameter.

In order to avert the necessity for any effort in the course of the day, an enema was administered in the morning. The patient was placed on his back, and the trochar was inserted into the tumour to a depth of two and a quarter inches, at four inches from the linea alba, and about fifteen lines from the short ribs, in the spot where fluctuation was most apparent. The instrument was pushed obliquely downwards, so as to prevent its being forced out by the retraction of the sac. In the course of an hour and three-quarters, a little more than four pints of a liquid, presenting a specific gravity of 1·0074, escaped from the canula. It contained perfect echinococci with their hooklets, many broken hooklets, and other fragments of hydatids. Whenever the canula became obstructed, a silver style was introduced, and the tube was at last cautiously extracted, in such a manner as to prevent the passage of even a drop of the fluid into the abdominal cavity. The operator applied his left hand over the tumour, so as to press the integument against the cyst, and hermetically closing the orifice of the tube with one finger, slowly withdrew it from the wound. Pressure was continued with the hand for about ten minutes, when compresses were substituted, supported by the patient himself.

The man kept his bed for forty-eight hours, and five or six days after was permitted to leave his room. Two years have since elapsed and no tendency to a return of the disease has been observed.

This case must of course encourage surgeons to similar attempts. If, however, we may judge from the views expressed by the members of the Society of Surgery, the prevalent—indeed, the all-but-unanimous—opinion of Parisian surgeons is still in favour of Récamier's procedure.—'Journal of Practical Medicine and Surgery.'

CHOLERA IN SHANGHAE.—Cholera has been extremely prevalent at Shanghae, and the number of fatal cases somewhat alarming. The Chinese authorities have taken up the question of sanitary reform, and have ordered the clearing out of the ditches and drains in and around the Chinese part of the city.

WEYMOUTH SANATORIUM.—The annual meeting of this institution was held in the new building on Thursday, the 4th inst. From the address of Dr. Smith, as well as from the report, it may be gathered that the Sanatorium has progressed satisfactorily since its commencement, and that efforts are now being made to render it as nearly as possible a free institution, the payment of each patient to be limited to 2*s.* or 2*s.* 6*d.* per week. About 5,000*l.* will be necessary for this purpose. Towards this sum Dr. Smith has offered the munificent donation of 500*l.* The meeting separated with a cordial vote of thanks to the conductors.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 31, 1864.

THE IRISH SCHOOLS OF MEDICINE.

There is just at present a period of rest in the schools of the Sister country, in which is laid aside the mental labours of both teacher and pupil; it is not, however, the rest of idleness, but a mere cessation of the *heavy* duties of the sessions—summer and winter—in order to recruit the powers of mind and body, and fit them for the determinate efforts which will be put forth during the coming *annus medicus.*

We are well aware that some masters as well as pupils will spend their leisure hours not in mental culture, nor in making any fresh additions to their already acquired stores of knowledge, but will, on the contrary, squander the hours in, perhaps not actual dissipation, yet in sheer idleness—it may be in looking out dreamily, and with no effort of thought, upon the expanse of waters as they lie outstretched upon the sands of some beautiful watering-place; it may be in lolling lazily under the shadowy protection of some wide-spreading tree, or beneath the coverture of a trellised-work arbour. There are some, we say, of both masters and pupils who will thus spend the moments of the recess; and in the case of some of these, the time so spent is the veriest idleness: in the case of others, however, it is far from idleness, and is that form of complete mental rest which is absolutely needed, and which could alone prove beneficial in quieting the excitement of the mental powers, renovating and building them up, recruiting them as far as they can be recruited, giving them their wonted or even a greater tone, bracing them up to that pitch from which they may have fallen by having been for too long a time kept in a state of over-stimulation.

These are the earnest workers of the schools, who, to overcome every difficulty, and to triumph over the obstacles by which they are beset, strain every nerve they possess, and seek to put their talents out to the highest possible interest. They are able, because they seem to be able. But we would call to their minds the words of the Latin poet:—

"Neque semper arcum tendit Apollo;"

would bid them throw off the trammels of the schools, and enjoy thoroughly the hours of the recess by every form of mental relaxation, and by allowing the mind the fullest possible repose.

To the other class, those who are really idlers, we would say, in the words of Dr. Samuel Johnson:—

"Catch, then, oh, catch the transient hour;
Improve each moment as it flies:
Life's a short shadow, man a flower—
He dies, alas! how soon he dies!"

There is a third class of which we have not yet made mention. It is composed of those who have not overtaxed their strength—mental or physical—and who, during the recess, are fully able to enjoy the rest, at the same time that they are in a position to devote some hours of each day to the study of some subject as yet untried by them; it may be one bearing directly upon their Profession, or collateral to it, or else one having no relation to it whatever.

We shall not, however, dwell on this division of labour, nor on this classification of labourers, since such may be made of the members of all schools; but we shall turn attention to the superior excellencies of the Irish School of Medicine and Surgery, not in its individualities, but as one large body—influential, we know, for good on a large number of the members of the Medical Profession, as well as on the general public.

Let the system of education be viewed in every aspect, and we shall find in each department a great deal worthy of commendation, though at the same time there may be something to condemn: as far as our knowledge of the educational system extends, we venture to assert that very much more recommends itself to our favourable notice than presents itself in an unfavourable light.

Let us begin by reviewing the state of the hospitals, the method employed in giving instruction, and the great advantages which the pupil enjoys.

It is not our intention to draw any comparisons between the Irish School of Medicine and Surgery and that of any other country, although we must confess that, when beginning this article, we had it in our mind to adopt such a course, inasmuch as we are convinced that certain advantages do exist and are to be gained by studying in that school. We will only say, that men educated in the Irish School of Medicine ought to be first-class practitioners, possessed of a good sound knowledge of their Profession, and not alone of an ordinary experience, but of an amount of experience which could be obtained only by a determination to acquire rich stores of knowledge, an earnest working in the acquisition of that knowledge, and an availing themselves of those advantages which are abundantly supplied.

The Irish student, whether of Divinity, Law, or Medicine, is, by many persons both in the Profession and among the ranks of the public at large, commonly supposed to be a rollicking, jolly fellow, fond of all the wild sports peculiar to his country, a good lively companion in hours of pleasure, a good boon companion, and an excellent comrade with whom to quaff and enjoy our cups, but not at all to be chosen if we wish to devote attention to any matter requiring deep thought, anxious and weighty deliberations, and fixidity of purpose when those deliberations are made, and a resolute determinateness to act upon these resolves and to continue acting until they are accomplished. But it is very, very far otherwise; and in the names of the Irish students, not alone in the Irish school, but wheresoever they may be scattered, the wide world over, we deny the truthfulness of such assertions, and with contumely for such opinions—we reject them, knowing them to be based on false premises, and to be erroneous and false deductions from erroneous and false premises.

We shall now give a sketch of the system pursued in the

Irish hospitals—a system which, in duty we are bound to say, must claim the attention and admiration, for its superior excellence, of all who are acquainted with its thorough workings.

It is presupposed by the hospital staff that the student who comes to work at hospital practice has gained some insight into the mysteries and intricacies of his future vocation; that he has begun to lay a good foundation by acquiring knowledge of the technicalities and commonisms of the work he has taken in hand; by gleaning some information upon such subjects as anatomy, physiology, chemistry, and pharmacy; by being acquainted, though not conversant with, the outlines of Medicine and Surgery, the names and terms applied to natural actions and bodies, to various forms of lesions, deviations from nature, and the different corrigents and appliances employed.

With this presupposition, the members of the staff address themselves to the duty of drawing aside the curtain of difficulty which envelops the studies of the novice, and of unveiling the hidden mysteries of the things which belong to Medicine and Surgery. At first the student is perplexed; as, however, subject after subject is unveiled, he becomes dazzled and astonished; then, as his knowledge is extended, perplexity and astonishment disappear, and the vision of his mind is no longer dazzled by the excesses of beauty and the completeness of perfection which he discovers in all the workings of Nature—and that, too, of Nature fallen from her primitive conditions of perfection and glory.

As the mind expands under these genial happy influences, it becomes stronger, is more fully able to recognise and appreciate the intrinsic value of each subject to be learned, or that may have been learned already, and to retain the information it daily acquires.

The first year's attendance of the student at the hospital is recommended by his teachers to be spent in diligent application to the duties of the dispensary attached to the hospital, and in making himself thoroughly—as thoroughly as he can in the brief time allowed him for their study—familiar with all forms of disease as they present themselves among the out-patients.

In some of the hospitals the out-patient work is done before the hour for the hospital rounds has come; and thus the student is not puzzled and annoyed by debating with himself, whether he will continue at the dispensary, or go round with the hospital visiting surgeon. This order, when strictly observed, is really a great boon to the earnest worker, to that student whose sole object it is to study disease accurately and faithfully, not alone in its various forms, but in its alternations—and they are constant—as the disease advances towards health, or retrogrades towards chronicity, confirmed ill health, or, haply, even death.

In the dispensary are practically learned all the minor details of Medicine and Surgery.

When the out-patients are seen, then the students can visit the wards of the hospital, and there, again, are presented to him most of, if not all, the ills of life; and with this presentation comes another, namely, the opportunity to learn the phases of these different ailments; each phase often so diverse from the other, that each, to a casual observer, would seem a distinct affection.

The student is now going round the ward with the surgeon of the day, and his mind is wholly absorbed in the cases before him; nor is it at all disturbed by the apprehension that Dr. Medicine is paying his visit to the patients in the Medical wards, and that Mr. Other Surgeon (than the one with whom he is going round) is operating in the theatre, and that so he is losing the value of Dr. Medicine's remarks, or of Mr. Other Surgeon's manipulations. The student's mind is engrossed in the work before him, and with pleasure he is either listening to the BED-SIDE instruction which is being communicated by the experienced surgeon, who, having the subject of his clinique—no, we shall keep to the use of our own language, for we detest the introduction of foreign names to garb our ideas, when we can far better express our meaning in our own language,—or, as we prefer it, of his bed-side observations before him, accurately points out important features of the case, and illustrates them by the manifestations as presented by the sufferer. To these he is listening, or else he is reading aloud, for the information and instruction of the surgeon and the members of the class collected round the bed, the history, &c., of the sick person which, when done, the surgeon examines the patient to confirm or rectify the views of the student, and to satisfy his own mind as to the nature of the morbid action, injury, or other cause of complaint. And so from bed to bed both teacher and pupil move; the latter with his private case-book open, ready to dot down anything worthy of note, or to give to the surgeon or to the class any information on any point connected with the case or cases committed to his care. Each student has under him a certain number of cases which belong altogether to himself, and only under the supervision of the resident pupil (if the student to whom the case belongs be a junior), and of the surgeon. The resident pupil corresponds to the house-physician and house-surgeon of the English School.

We think this plan of having cases given into the charge of each student, and having the details of cases taken, not alone by that student, but by the resident pupil, cannot be too highly commended; and we think so for reasons so obvious that we shall not here pause to dwell upon them.

After the rounds and this bed-side teaching have been concluded, should there be time, or any cases upon which more extended comments can be made, the surgeon and the class adjourn to the theatre, and there a further exposition of the disease and all relating to it is made to the pupils.

Thus is spent the first year, or, it may be, the first two years, and then the student passes from the surgical into the medical wards, where the same excellent system of training and teaching is pursued; until, at the end of the fourth year, the student is ready to pass any *practical* examination, almost wholly irrespective of the difficult and searching nature of that examination.

We should mention that it is the custom for posts in the hospital to be given away to the most diligent, and consequently the best educated, of the students who attend it; and, in some instances, are not only given away gratis, but, during the term of their continuance, the student holding certain of them is allowed his hospital practice free, or is not only granted this favour, but likewise is allowed board and lodging for the time he holds office.

There are decided advantages connected with the system pursued at the Irish school. First, the fashion of both physicians and surgeons to pay their round of visits in the morning early, when they and the members of their class are refreshed by their night's rest, and are better able to comprehend the minute details of the patient's condition; and when the patients themselves are invigorated by the repose of the previous hours, or weary and languid from the restlessness in the night watches, or from an exacerbation of fever or pain. It is, we contend, far more beneficial for the student to rescue those clear hours of morning from slothfulness and sleep, and devote them to the practical study of disease, than to the listening to mere recitals of lectures, since the mind is very much better able to embrace a subject in the morning than in the afternoon, when weariness oppresses both it and the body. Again, we think that the patients profit by the early visits of their Medical attendants.

The mode of demonstrating disease by the bed-side, where every part of the discourse can be illustrated by the condition of the living subject as he lies upon his sick-bed before teacher and pupil, is worthy of the highest commendations, since the instruction so given is indelibly impressed upon the attention of the class.

The habit which is inculcated upon the student of keeping a private case-book is most assuredly worthy of imitation in all hospitals.

Then the physicians and surgeons go their rounds on different days: nor do the surgeons attend in the wards at the same time; so that the student need never dread the coming of Surgeon B. while Surgeon C. is going his rounds.

The facts that there are not the breaking-up of large hospitals into a number of small hospital institutions for the treatment of specialities, and that the hospitals which we have designated large are not of such immense dimensions that one loses his way in walking through them, are in themselves properties in connection with the Dublin or Irish school that make these institutions the more valuable to the student, inasmuch as he is the better able to devote attention to all medical and surgical ailments, without having to run from special hospital to special hospital, and to concentrate his mind upon the study of the *comparatively* few cases which can be admitted into hospitals that are very small in comparison with those of other metropolitan towns. This smallness of the hospitals, which necessarily precludes the possibility of admitting very *large numbers*, does not at all imply that there is to be seen *a less variety* of disease or diseases.

Amid all its excellencies, there is one matter which calls for disapproval in the hospital training of the Irish school, and that is the neglect of the use of so valuable an aid to true diagnosis as is to be found in the microscope.

As we are upon the subject of Irish hospitals, there is one institution, the bare mention of which is sufficient to demand from all who have studied beneath its shade an ample share of gratitude for the many and very valuable lessons learned in it, and impressed upon their mind by the teachers who laboured in it. We allude to the Rotunda, or Dublin Lying-in Hospital, which is in no one respect second to any in the world.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. Graily Hewitt contributes one of his "Clinical Conferences in Midwifery," his present subject being "Difficult Labour from Pelvic Narrowing or Disproportion between the Fœtal Head and the Pelvis." He also describes the treatment, and illustrates the value of turning in such cases. In impaction of the head of the child at the brim of the pelvis, there are four alternatives to be adopted—namely, to wait and see what Nature will do; or to apply the forceps; or to perform the operation of turning; or, lastly, to perform craniotomy. Each of these alternatives is considered; and after showing that all of them have certain disadvantages, Dr. Graily Hewitt proceeds to prove that the operation of turning is, on the whole, the best and safest proceeding, and that, in many instances, it obviates the necessity of craniotomy. Even when there is considerable impaction, the operation of turning may be performed; and although contraction of the uterus is a difficulty, it is not an insuperable one.——Sir Ranald Martin continues his paper "On the Treatment of the Suppurative Stage of Acute Hepatitis," and discusses the very important question of making an opening in the liver to discharge the pus. It is admitted that the diagnosis was always difficult and the operation dangerous, but still Sir Ranald Martin thinks that the use of the trocar may often save a patient from certain death. He gives a case in illustration which lately occurred in his own practice, the patient being a gentleman from India suffering from hepatic symptoms, and in whom the abscess appeared to point externally. The exploring trocar was introduced, and pus appeared, and a medium-sized trocar was then inserted and left in the abscess. By this means the pus was discharged, and the patient recovered.——Mr. T. Holmes continues his *Contributions to the Practical Surgery of the Diseases of Childhood*, his present subject being "Excision of the Hip; with a Report of Eight Cases of this Operation recently performed at the Hospital for Sick Children." Mr. Holmes is not an enthusiast for this operation, but he thinks that in certain cases it is the only means of saving a child's life. At the best, excision of the hip can seldom be a very successful proceeding, as the patient does not generally recover the free use of the limb. The subjects are usually broken down in health by long confinement to bed or by protracted suppuration, and

these circumstances are unfavourable to the process of cure. Mr. Holmes then considers *seriatim* the indications and contra-indications of the operation.——Dr. Thomas Chaplin contributes the commencement of a paper "On the Fevers of Jerusalem," giving some account of their nature, causes, and treatment, as observed by himself in the years 1861, 1862, and 1863. His account of the sanitary condition of the Holy City is sufficiently explanatory of the existence of fevers within its walls. Although the city is on a great elevation and surrounded by deep valleys, the habits of the people are very dirty, the houses are undrained, and the water supply is very defective. Many of the inhabitants are very poor, there is an absence of fresh vegetables, and the food is but little varied. In the present paper Dr. Chaplin describes only the febricula, or mild fever, which is very prevalent, but does not last long, and the remittent fever, which is very intractable, and appears to be caused, in great measure, by miasmatic influences.

The 'Medical Times and Gazette.'

The sixth lecture of "A Course of Lectures on the Urine and Diseases of the Urinary Organs," delivered by Dr. Harley to Medical Practitioners, opens the present number. The subject is "Urohæmatin and the Abnormal Pigments met with in White, Yellow, Green, Blue, and Black Urine; their Significance and Treatment." Urohæmatin is the tinting ingredient of healthy urine, and is the great index to the amount of waste which takes place in the human body, as its quantity is exactly proportionate to destruction of blood corpuscles, and is not so much influenced by the diet than are the other ingredients. It differs from murexid in having its colour heightened by the addition of hydrochloric acid, which agent destroys the colour of murexid; also, it is soluble in alcohol. Urohæmatin and blood-hæmatin are very nearly the same in composition. Dr. Harley was the first to extract from urine its colouring principle. Urohæmatin is allied to hæmatin, not alone in appearance and properties, but in containing certain quantities of iron. The properties of this principle of the urine is set forth, the method to be adopted in preparing it, and the analysis necessary for ascertaining the quantity excreted. Lastly, and in conclusion, it is viewed in its physiological aspect.——Under the head of "Original Communications," we find "Clinical Notes and Observations on Contraction of the Fingers, the result of Chronic Rheumatic Affection," by Mr. Bulley. It is stated that, as a consequence to the rheumatism, the palmar fascia had undergone a gradual condensation, and thus occasioned the deformity. One case is given as illustrative of the author's views, and bearing upon the matter he wishes to impress on his readers. But there is nothing novel in the "Remarks," and we shall not, therefore, make any quotations.——Dr. Monro relates "Surgical Cases," "Wounds into Large Joints" engaging attention. Two cases are adduced, to show that severe penetrating wounds into large joints do not always demand amputation. In the first case, the wheel of a waggon broke the humerus at the elbow articulation into several pieces, and also made another fracture about an inch above the articulation, the bone at the latter place projecting through the torn integuments. In addition to these injuries, the olecranon process was knocked off, and there was an opening made over it through the superimposed integuments; the radius was broken in its upper third, and there was an opening in the soft parts lying immediately over the external condyle, and communicating with the joint. This patient recovered under the most simple treatment, and at the last examination he was able to flex and extend the humerus, though there was a loss of ability to pronate and supinate. The second case was one in which the right ankle was sprained, while on the left side the astragalus was smashed, and the tibia and fibula fractured about an inch above the joint. The limb was put up in a McIntyre's splint and a liberal diet allowed. A few days after the splint had been applied it had to be removed, owing to excessive pain experienced in the outer ankle, where inflammation and death had already begun their work. A large slough came away and there was left an opening into the joint, which was about the size of a walnut, and which exposed about two inches of the fibula. Turpentine liniment dressings were applied; a good nutritious diet was ordered. That part of the fibula which had been exposed came away in the course of the treatment.—Dr. Chartres, Surgeon to the 100th Regiment, reports "A Case of Acute Aneurism of the Aorta," occurring in a young delicate-looking soldier. The symptoms, at first sight, seemed dependent either on a rheumatic attack or upon an ordinary catarrh; the post-mortem examination, however, showed a very large aneurism, the size of an orange, on the transverse portion of the arch of the aorta and adherent to the pleura and thoracic wall, while also it involved the origins of the left common carotid and subclavian arteries as it lay between the innominate artery and the descending aorta. The ascending aorta was greatly enlarged, and its lining membrane had undergone the atheromatous degeneration. Death had resulted from exhaustion.

The Glasgow Medical Journal. No. XLVI. July, 1864.

Dr. James Dunlop, under the head of "Surgical Notes," contributes a paper "On the Restoration to Life of the Apparently Drowned;" and he illustrates his remarks by the history of some cases which he observed in his capacity of Medical officer of one of the Glasgow districts, where drowning, in the Clyde or in the canals, is of rather frequent occurrence. He describes three cases in particular, in which life was restored by the adoption of measures founded upon the plans recommended respectively by Marshall Hall and Silvester. With respect to these two plans, Dr. Dunlop thinks that both have peculiar merits, and that a combination of the two, according to circumstances, ought to be adopted. In inexperienced hands he believes Dr. Silvester's plan to be the easiest in practice; but he condemns that gentleman's recommendation to use the warm bath in cases of apparent death by drowning. ——Dr. T. M'Call Anderson contributes "Some Notes on some Forms of Skin Diseases," his present subject being "Syphilitic Pemphigus in the Adult;" and he asks the question, Is there such a disease? which he answers in the affirmative, and relates a case observed by himself, and alludes to another described by Ricord. In reply to the question as to the mode of determining whether the pemphigus is syphilitic or not, he answers that the syphilitic

disease may be traced as following the contraction of a hard chancre, and may be further distinguished by yielding to antisyphilitic treatment.——Dr. James B. Russell gives an "Analysis of Three Hundred Cases of Typhus," which he attended while he had charge of the fever wards in the Town's Hospital, Glasgow. He found that the cause of the disease was not privation, but bad ventilation and dirt. In the treatment, stimulants were sparingly employed, and the mortality was under the average.——Dr. McKinlay relates a "Case of Excision of the Hip-Joint," the patient being affected with scrofulous disease of the head of the femur. The operation was quite successful.——Dr. W. T. Gairdner describes "Two Cases of Uterine Tumour, more or less simulating Ovarian Disease;" and he adds some remarks on the diagnosis and on a remarkable action of ergot of rye.——Dr. George Buchanan, of Glasgow, relates "A Successful Case of Ovariotomy," being the first successful case performed in the West of Scotland.——Dr. W. Lang relates "A Case of Poisoning by the Manioc (*Jatropha manihot*) in the West Indies." The case was fatal.——Dr. Robert Perry describes "A Case of Epilepsy," which was fatal; the appearances after death being congestion of the cerebral membranes and extravasation of blood.

The Journal of Mental Science, *Published by Authority of the Association of Medical Officers of Asylums and Hospitals for the Insane.* Edited by C. L. Robertson, M.D. Cantab., and Henry Maudsley, M.D. Lond. July, 1864.

The original articles in this number contain a paper "On the Classification of the Sciences," dividing the subjects grouped under the head of Science into a number of sections, according as they belong to the abstract or concrete or mixed kind: thus, Logic and Mathematics belong to the abstract; Mechanics, Physics, Chemistry, &c., to the abstract concrete; and Astronomy, Geology, Biology, Psychology, Sociology, &c., to the purely concrete.——Dr. Henry MacCormac communicates some "Remarks upon the Ulster Revival, so named, of 1859," and gives some interesting particulars connected with that extraordinary outburst of religious enthusiasm which seized upon so many classes of society at that period. It was, however, confined to members of the Presbyterian and Methodist persuasions, and did not reach the Roman Catholics or the Unitarians. Dr. MacCormac compares the excitement which he witnessed, to some of the recorded outbreaks of religious fanaticism in the middle ages, and he states that many cases terminated in insanity. ——Dr. J. G. Davey contributes a lecture delivered by him at Bristol "On G. Combe and his Writings," both being highly eulogised by Dr. Davey.——The last original article is "On Unlearning," and shows the necessity of self-culture in developing the powers of the human mind, and in correcting erroneous or imperfectly-formed opinions.——The clinical cases are furnished by Dr. C. Westphal, of Berlin, who relates some cases of "Tabes Dorsalis," and "Universal Progressive Paralysis;" by Dr. T. S. Clouston, who gives some illustrations of phthisical insanity; and by Dr. J. W. Ogle, who details some "Cases of Primary Carcinoma of the Brain, with Observations." The rest of the number is filled up with notes and news on psychological subjects, and a "Quarterly Report on the Progress of Psychological Medicine."

The Social Science Review, and Journal of the Sciences. Edited by B. W. Richardson, M.A., M.D. August, 1864.

The Journal opens with a very elaborate article by Dr. Edward Smith, "On Gaol Dietary, and the Operations of the Recent Committees." The question is examined in its chemical and physiological bearings, and Dr. Smith exposes with great power the mistakes which have been made when those who are in authority substitute the results gained by mere experience for those deduced from science; and he defends the views of those who, like himself, have investigated the matter in a philosophical spirit. The rest of this number contains many interesting articles, few of which, however, have relation to Medical subjects, although there is a short notice of the present position of the Army Medical Officers and of their treatment by the Government.

SCIENTIFIC ARTICLES.

POISONING BY STRYCHNIA: RECOVERY FROM A LARGE DOSE.

By Francis Wayland Campbell, M.D., L.R.C.P. Lond.; Physician to the Montreal Dispensary, and Infirmary for Diseases of Women and Children.

The following case is interesting, not only from the quantity of the poison taken, but from the comparatively long time which elapsed before the patient was seen by me, and the consequent delay in the commencement of treatment:—

F—— J——, a gentleman of position in society, owing to reverses in business, had been for some weeks in exceedingly low spirits, and during that time had drank very freely. On the morning of the 17th of November last, he left his house, about eight o'clock, in a very excited state, not having partaken of any food, and shortly after that hour called at a druggist's store and requested one of the clerks, with whom he was acquainted, to give him sufficient strychnia to poison two dogs. About four grains and a half were weighed out to him. He states that he immediately went to a neighbouring fashionable saloon, called for a glass of gin, and placing all the strychnia in it, drank it off. To make sure that none remained behind, he immediately filled the glass with water and drank it also. He then started for home, and on the road one or two very slight spasms seized him. On reaching his house he at once undressed and went to bed, his wife being out at the time. She returned about ten o'clock, and found him in a very strong paroxysm. He at once confessed what he had done, and the family physician, who was sent for, not being at home, I was called upon to attend him. It was eleven o'clock when I reached his house, fully two hours and a half having elapsed since he took the poison. On my entering the room he was seized with a very violent tetanic paroxysm, which lasted fully a minute and a half. He had not vomited, but had drank freely of milk. I at once administered a drachm of sulphate of zinc, which soon produced copious vomiting. When it had in a measure subsided I gave a drachm of tannin in a tumbler of water, which was repeated in about half an hour. A little after twelve another very violent paroxysm came on, which was followed by violent emesis, which continued with a good deal of frequency the entire day. At two p.m. the paroxysms were recurring every twenty minutes, and were very severe. He was given two grains of solid opium, and shortly after drank several cups of green tea. At half-past two, Drs. McCullum and Drake saw the patient, when fifteen drops of the fluid extract of belladonna was injected subcutaneously, near the third dorsal vertebræ. Chloroform was also administered *during* the paroxysm. At three o'clock the spasms were recurring every eight minutes, and very strong, their *duration* being apparently lessened by the inhalation of chloroform. Pulse 130—full and strong. By half-past three the patient began to show evident signs of weakness; the interval between the spasms had decreased to about three minutes, and they were much stronger. Sherry-and-water was given at the rate of an ounce every hour. As the patient was evidently sinking, I determined to try the effect of keeping him partially under the influence of chloroform the whole time. Its effect was all that could possibly be desired. The interval between each paroxysm gradually lengthened, and at seven p.m. it had increased to an hour, though their severity seemed to be but slightly diminished. At this time I had his spine well rubbed with soap liniment and tincture of opium, and gave him a drachm of compound spirits of sulphuric ether, in three drachms of camphor mixture, every two hours, still

continuing the inhalation of chloroform, but not to the same extent as previously. At nine p.m., while drinking some beef-tea, a violent paroxysm came on. Its duration was short, and during the previous two hours he had only two very slight spasms. At eleven p.m., when I left him, no more severe ones had occurred, and only one very slight one. I ordered beef-tea in large quantities, and the wine to be given every three hours. Pulse 120, and weak. At half-past eight a.m., next day, I visited him, and found he had passed a tolerably comfortable night. No spasms—only occasional involuntary twitchings. His spirits are better. To have the ether and camphor mixtures every four hours only. Wine to be stopped. To have beef-tea at intervals, and chicken-broth for dinner. Nine p.m., still improving; the twitchings continue, but neither so strong nor so frequent. From this time the patient made a rapid recovery, and, in a week from the time he swallowed the poison, was out attending to his business. The quantity of chloroform consumed between one p.m. and eleven p.m. was rather more than a pound, and its beneficial effects were certainly most marked. I am firmly convinced that had it not been so largely inhaled the case would have terminated fatally.—'Canada Medical Journal.'

ON THE DIFFERENCE BETWEEN ACTIVE AND ORDINARY OXYGEN.

By M. Clausius.

Some years ago M. Clausius put forth an hypothesis on the nature of ordinary and active oxygen or ozone bearing resemblance to previous hypotheses proposed by other chemists (notably MM. Favre and Silbermann, Gerhardt, and Brodie), and which he expresses in the two following propositions:—1. Ordinary oxygen is formed of atoms united in binary groups, active oxygen of isolated atoms. 2. The two atoms constituting a molecule of ordinary oxygen are in opposite electric conditions. To these two fundamental hypotheses are added the following accessory hypotheses:—3. The two isolated atoms proceeding from the division of a molecule of ordinary oxygen immediately lose their positive or negative electricity and become neutral. 4. The atoms remaining isolated if a volume of ozone contains the same number of molecules as the same volume of some other simple gas, the density of the ozone should be half that of ordinary oxygen. The third hypothesis is hardly compatible with the existence of antozone, nor with the well-known property of ozone of exercising two opposite actions on oxygen held in combination. M. Clausius, moreover, thinks it better to abandon it. He consequently admits that ozone is formed of electro-negative atoms, and antozone of electro-positive atoms, besides which he thinks it probable that the atoms of ozone consequently retain their electro-negative state, but that the facts as yet known do not authorise so precise a conclusion with regard to antozone. As to the fourth hypothesis, it has become absolutely inadmissible, since the recent experiments of M. Babo and M. Soret have established the fact that ozonised oxygen increases in volume in passing to the state of ordinary oxygen. To reconcile this remarkable phenomenon with his fundamental hypothesis, M. Clausius now supposes that the isolated atoms of active oxygen are able to unite by reason of a feeble affinity between binary molecules of ordinary oxygen; the density of the gas is thus augmented without sensibly diminishing the chemical activity proper to the isolated negative or positive atoms.—'Annales de Chimie et de Physique.'

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 18, 1864:—Edward Monro Spooner, Blandford, Dorset; John Lightbody, Kirby Moorside, Yorkshire; Frederick John Cropp, Park road, Clapham, S.; Francis Henry Wickham Taylor, Cottage green, Camberwell; Thomas Henry Greene, Saffron Walden.

The following gentleman also, on the same day, passed his First Examination:—William Harris Butler, Guy's.

REVIEW OF BOOKS.

Treatment of Consumption; with Remarks upon the Properties and Uses of Various Remedial Agents. By Matthew Corner, M.D. Pp. 58. Hardwicke. 1864.

The object of Dr. Corner, as he states in the preface, is to convey to the Profession a method of treatment which he has employed successfully in consumption. On perusing the work, however, we do not find any striking novelty in the plans suggested, and we are by no means disposed to agree with Dr. Corner in the pathological views which he advances. Neither do we agree with him in his therapeutical reasoning, however we may allow that his treatment may have been successful. We cannot admit that he has proved the proposition with which he starts—namely, that phthisis and rheumatism are analogous or identical in their nature; and even if they were so, it does not appear that the circumstance throws any new light on the treatment of consumption. The application of small blisters beneath the clavicles in the latter disease is not a novel suggestion, and we are doubtful as to the peculiar efficacy of bicarbonate of soda or of mercury in arresting the progress of tubercle. We think the following specimen is sufficient to indicate Dr. Corner's views of therapeutics:—"The blistered surface," he says, speaking of the application of blisters in consumption, "acts essentially as a pure derivative; and the benefit produced by it is owing chiefly to the discharge it creates, *bringing the waste matter of the destroyed lung-tissue, composed of arrested cell-growths, broken-down blood-discs, &c., to a part where its presence is less injurious and where it may rapidly be excreted.*" P. 14.

Photographs (coloured from life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B. Lond., Surgeon to the West London Dispensary for Diseases of the Skin. London: Churchill and Sons. No. I.

Mr. Squire states that, in consequence of the great difficulty hitherto experienced in producing accurate illustrations of the diseases of the skin, he has been induced to try if greater accuracy and more life-like representations might not be obtained by means of photographs of the diseases coloured from life. As far as the present specimen is concerned, his idea has been attended with remarkably successful results; for we can truly assert that a more thoroughly life-like representation than that of *psoriasis diffusa*, presented in the plate before us, we have never seen. It exhibits a perfect resemblance to the original; and if Mr. Squire is equally successful in his forthcoming numbers, he will inaugurate a new era in dermatological illustration. Two pages of letter-press, describing the pathology, appearance, and treatment of psoriasis diffusa, accompany the photograph.

The New System of Musical Gymnastics as an Instrument in Education. A Lecture delivered before the College of Preceptors. By Moses Coit Tyler, M.A., M.C.P. Pp. 32. London: Tweedie. 1864.

The object of Mr. Tyler is to inculcate the expediency of cultivating gymnastics in a novel manner, in which velocity and grace are studied, rather than the power of lifting heavy weights and of performing violent movements, and in which the exercises are regulated in a rhythmical succession by the aid of musical accompaniments. All the muscles of the body are cultivated by this system, the result of which is to produce an equal development of the whole structure, none of the parts being exercised to the neglect of the rest.

Royal College of Surgeons of England.—Licentiates in Dental Surgery.—The following gentlemen having passed the necessary Examination, received their Diploma in Dental Surgery on Monday, August 1, 1864:—Henry James Virgin, Oxford; Anthony Percy Reboul, Albert street, Islington; Warwick Hele, Cheltenham; John Clough Clarke, Nottingham.

GENERAL CORRESPONDENCE.

THE SKELETON OF THE GREENLAND WHALE-BONE WHALE.

To the Editor of the Medical Circular.

Sir,—In your number 632, New Series, XXXII., a statement is made that *no complete skeleton* has ever been received in this country of *a Greenland whalebone whale*, notwithstanding the immense number that have been killed by whalers from our ports. I have much pleasure in giving you the following information :—

A finner (a term applied to the young whale by *old* Greenland fishermen) was captured some twenty-five years ago, near Spurn, on the Yorkshire coast, and taken to Kingston-upon-Hull, the entire skeleton of which was placed in the Museum now in Hull. The fish was bought by my father, and through him the Hull Museum became possessors of the skeleton.

I am, &c.,

T. Harrison Marshall, M.R.C.S. Lond.

Chard, Somerset, Aug. 22, 1864.

BEST MODE OF CHLOROFORM ADMINISTRATION.

To the Editor of the Medical Circular.

Sir,—As I am often asked which is the best form of chloroform inhaler, perhaps you would permit me to say, in your practical Journal (in which Journal, indeed, we have always had fair play ; and, as far as London is concerned, have really worked out the great problem of anæsthetics when the other guides threw every obstacle in one's way), that the best form of inhaler is a plain dinner napkin pinned into the form of a cone. It is at once beautifully clean and safe, when the ordinary metal inhalers, one and all, "smell of Bucklersbury," and, not unfrequently, of decomposing organic matter, saliva, mucus, &c., of previous patients who have had the mouth-and-nose piece to the face. An inhaler of card, in form of a cone, used by me, is made by an instrument-maker in Oxford street.

Some unwise writer in the 'Times,' who admits he has had no experience of accidents, is theoretically inclined to underrate the effects of electricity in such accidents. The rest of the letter is made up of practical and supposed original remarks, every one of which I have urged in the Medical Circular.

Nearly all the doubtful points in chloroform administration are now clearing up—viz., as to inhalers ; as to the dose or quantity ; as to its relative value in dentistry, midwifery, general surgery, &c. ; as to the special patients who ought *not* to take chloroform ; as to the first sign of impending danger ; as to stopping vomiting (so important in eye operations) ; as to the exact value of the pulse ; as to the best mode of restoring life when it has all but become extinct. I have collected 250 deaths from chloroform out of newspapers ; there are perhaps as many more not reported. It seems a great pity the 'Times' should now undo all we have recently been doing as to electricity.

It is not of much use for the journals to be saying now in chorus all the danger is in the mode of administration, or, as at Cambridge, that chloroform is only a deoxygenising agent. How, then, is nitrous oxide an anæsthetic ? or how, as to administration, is the accidental occurrence of increased hæmorrhage at an operation, which turns the scale occasionally against the patient, to be visited on the innocent administrator ? Why should a coroner's jury censure the administrator for a latent idiosyncrasy or such hæmorrhage ? Yet it has been lately done.

I am, &c.,

Sackville street, Aug. 26. Charles Kidd, M.D.

Death-rate in Scotland. — In his report for the second quarter of the present year, the Registrar-General states that, whatever be the cause, the death-rate in Scotland is on the increase, especially in the towns. It does not seem to depend on any particular epidemic, but there is an increased mortality in all diseases. This is not confined to the second quarter of this year, but extends over several years.

OBITUARY.

THE LATE MR. STONE.

We are very sorry to have to record the death of Thomas Arthur Stone, Esq., F.R.C.S., for many years one of the most popular practitioners at the West-end of London. The deceased was son of Arthur Daniel Stone, M.D., Physician to the Charterhouse, and was born in Charterhouse square on March 3, 1797. After receiving his education at Westminster and the Charterhouse, he entered the Medical Profession, and became a pupil at St. George's Hospital. Under the guidance and introduction of his uncle, Sir Charles Mansfield Clarke, to whom he always was most grateful for his unvarying kindness, he entered on the practice of Midwifery and Diseases of Women and Children as a consulting surgeon, and soon attained great eminence and popularity ; but he was averse to specialities, and though he practised as an accoucheur, claimed equal place, as a surgeon, with any of the dignitaries of Lincoln's-inn-fields. He began to lecture on his favourite branch at St. George's Hospital, and his class-room was well filled, but his early and rapid success in practice soon compelled him to give up his chair as a teacher. He was, however, well known among the pupils as a good lecturer, and one who made the lecture hour an hour of pleasing instruction. His practice, in fact, was immense and most lucrative, and brought him into contact with many members of the aristocracy, with whom he had great influence. It must be mentioned, to his credit, that the first-fruits of his professional earnings were devoted towards the maintenance and comfort of his own family. As a practitioner he represented that great London West-end school, of which Halford and Chambers were conspicuous examples. Without denying the great advances which pathology has made in the last forty years, it may be doubted whether anything could be more certain and successful than their practice in the set of cases for which it was specially adapted, and which were to be met with in abundance amongst those amongst whom they practise. There were two instruments which they wielded to perfection, and which, in any civilised and well-fed community, will relieve more than half the relievable maladies met with. One was the thorough purification of the blood by eliciting a copious flow of bile from the liver and intestines ; the other was the relief of any organ suffering under stagnation of blood, by means of local bleedings. It was the writer's good fortune, early in life, to meet Mr. Stone in several cases well adapted for this line of practice, and in which life was saved by resolution and decision at a critical moment, whilst it might have been lost by a temporising and what is called "expectant" method. But whilst eulogising Mr. Stone's great dexterity in wielding these two important therapeutical weapons, we must observe that he thoroughly recognised the alteration which has gradually obtained in prevalent disease, and which has, to a great extent, done away with the necessity of bleeding, these late years, and we must not be supposed to underrate his skill in the use of other remedies adapted for a different class of cases. He was thoroughly conversant with that large class of diseases which Sir Charles Mansfield Clarke first discriminated, and in treating which he and his successors have hardly been surpassed. In fact, in our empirical art, there can be no doubt that the man to *do good*, to relieve the greatest number of unpleasant sensations, and hit upon remedies where the diagnosis is obscure, is the busy practitioner who moves in good society ; and, of this class, Mr. Stone certainly was one—a fact to which his patients have, even since his death, given strong confirmation in letters received from them. In fact, as society is constituted, we may be certain that any man who is in large practice amongst fastidious and sensitive persons, free to choose their own medical advisers, must be able to relieve disease, else his occupation would go from him. If we recollect rightly, Dr. Watson, in his celebrated lectures, expressed his regret that the secrets of such a man as Pennington should have died with him. Equally may we regret that one whose experience was so enormous amongst just that class of cases which students have no opportunity of seeing in hospitals

should have left published no records of his professional opinions. The hospital student sees cases in their advanced and pronounced state, when all pathognomonic signs are developed and diagnosis easy. The practitioner among the higher circles sees cases from the very first uneasy sensations that arise, and before local changes ensue; and has to give his diagnosis, not from the leisurely percussion, auscultation, and measurement, and analysis of secretions of a man lying tranquilly in bed, but from the first feelings of illness which serve as preludes to the fully developed malady; and he has to pronounce, not what is, but what is *coming*. This is a true field for that sagacity which is the fruit of natural acuteness and abundant opportunity of observation, and in that field Mr. Stone was as eminent as he was also distinguished by a genuine, unaffected kindness, which endeared him to his patients. But if he left no published record of his professional work, there is one monument which it will not be easy to efface; and that is, the Charter of the Society for the Relief of Widows and Orphans of Medical Men in London and its vicinity. This is a society which the leading consulting practitioners at the West-end—to their credit be it said—have always given their warmest support. After the death of Sir Charles Mansfield Clarke, Mr. Stone was elected president. He at first declined the proposal, as he was unwilling to follow his uncle immediately in the same office; but he was ultimately pursuaded to accept the post; and no man could more efficiently have filled it, both as regards management and the increase of the capital of the Society. No one within the circle of his acquaintance could fail to know his assidnous exertions in public and in private for the benefit of that society, and in particular for obtaining that charter which now has placed it on the basis of a settled institution. And this was no dignity without work. It is to the credit of the Society that the president and directors pay the closest and most punctual personal attention to tha large number of lamentable cases which come before them. As regards his personal tastes and habits, Mr. Stone was of a robust constitution, and fond of shooting, fishing, and active exercise. He had the good fortune to marry, in the year 1823, the eldest daughter of the Rev. Robert Gream, of Rotherfield, in Sussex, a lady distinguished no leess for her personal beauty than for her great piety and charity, who died in the year 1853. By her he had four sons and four daughters—two of the sons clergymen, another in the law, whilst the fourth, who had intended to follow his father's profession, died of cholera in India. Mr. Stone was ill about five weeks, and died, on the 20th inst., at his house in Grosvenor street. His loss will be heavily felt by his professional and private friends and patients, and not less by the members of the large charitable society over which he presided so efficiently for years.—'Med. Times and Gazette.'

MEDICAL NEWS.

University Intelligence.—University of London.—The following are lists of Candidates who passed the respective Examinations indicated:—First B.Sc. Examination.—Examination for Honours. *Chemistry and Natural Philosophy. First Class.*—Charles Romley Alder Wright (Exhibition), Owen's; James Campbell Brown, Univ. Aberdeen and S. of Mines. *Third Class.*—William Henry Exall, King's; Charles Graham, University; Albert Kisch, St. Thomas's and London Hospitals. Bachelor of Medicine.—Preliminary Scientific Examination. Pass Examination. *First Division.*—*Bushell Anningson, King's College; Frederick Charles Bennett, private study; Edward William Berridge, St. Bartholomew's; William Turberville Buckle, King's College; Joseph Priestnall Cheetham, Guy's; *John Reuben Bathurst Dove, London; Alexander Paull Fiddian, private tuition; William James Garrett, St. Bartholomew's; *William Betts Giles, Guy's; William Richard Gowers, University College; George Arthur Kenyon, St. George's; Albert Kisch, St. Thomas's and London; Thomas Richardson Loy, University College; *Jeremiah McCarthy, M.A. Dub., Dublin University; Francis John Marshall, St. Mary's; Bennett May, Sydenham College, Birmingham; Henry Morris, B.A., Guy's; Henry Franklin Parsons, St. Mary's; George Rolph Raine, Guy's; William Alsept Richards, King's College; *William Benjamin Archibald Scott, University College; *Thomas Claye Shaw, King's College; Frederick Taylor, Guy's; George Alfred Thomas, St. Bartholomew's; William Thomas, Queen's College, Birmingham; Wm. Knight Treves, St. Thomas's; Joseph Williams, St. Thomas's; Charles Romley Alder Wright, Owen's College. *Second Division.*—Edward Homfray Addenbrooke, General Hospital, Birmingham; *John Bonus, [University College; *Herbert Goldingham Budd, Guy's; William Richard Cortis, Guy's; *Stanley Thomas Courtney, St. George's; Edward Bowles Crowfoot, St. Bartholomew's; Walter Greene, Guy's; Frederick Harry Haynes, St. Bartholomew's; *John James, University College; John Wreford Langmore, University College; Richmond Leigh, Liverpool Infirmary; Gysbert Henry Maasdorp, University College; *Duncan McLachlan Maclure, (non-Matr.) Westminster; Henry Flamank Marshall, Sydenham College, Birmingham; Arthur Walter Read, General Hospital, Birmingham; George Rootes, Guy's; Edward Hepburne Seccombe, King's College; Frederick Charles Shaw, St. Bartholomew's; Joseph Wm. Smith, King's College; Herbert Lumley Snow, Queen's College, Birmingham; James Reginald Stocker, Guy's; John Sanderson Wyman, General Hospital, Birmingham.

* Chemistry and Botany only.

Examination for Honours.—*Chemistry and Natural Philosophy. First Class.*—Charles Romley Alder Wright, (Exhibition), Owen's College; George Arthur Kenyon, St. George's. *Second Class.*—Henry Franklin Parsons, St. Mary's; Wm. James Garrett, St. Bartholomew's. *Third Class.*—William Knight Treves, St. Thomas's; Albert Kisch, St. Thomas's and London. *Biology. First Class.*—Wm. Richard Gowers (Exhibition), University College; Henry Franklin Parsons, St. Mary's. First M.B. Examination. Pass Examination. *First Division.*—Francis Bateman, St. Bartholomew's; Stephen Wootton Bushell, Guy's; Thomas Cole, St. Bartholomew's; Henry Greenway Howse, Guy's; James Pearson Irvine, B.A., University College; Frederick Barham Nunneley, University College; Charles William Philpot, King's College; Thomas Claye Shaw, B.A., King's College; George Christopher Tayler, St. Bartholomew's; John Burges Welch, King's College. *Second Division.*—Arthur Bayley Adams, London; John Augustus Ball, Guy's; Marcus Beck, University College; Charles Berrell, King's College; Other Windsor Berry, Charing cross; Francis John Buckell, University College; Henry Clothier, University College; George Eastes, Guy's; Charles Kelly, King's College; John Lloyd, Queen's College, Birmingham; Charles James Hardy Smith, University College; George Owthwaite Spencer, University College; Arthur Taylor, Guy's; Thos. Pickard Warren, Guy's; John Williams, University College. *Excluding Physiology. First Division.*—John Pearson Hughes, University College. *Second Division.*—Henry Hargreaves Birtwell, St. Thomas's; Julian Augs. Michael Evans, University College; John Spencer Ferris, King's College; Ralph Gooding, B.A., King's College; John Grimes, King's College; John Wickham Legg, University College; George Hunt Orton, St. Bartholomew's. *Physiology only. First Division.*—Thomas Robinson Glynn, St. Bartholomew's; Henry Charles Hilliard, Guy's; John Harward Hooper, St. Thomas's; Arthur George Mickley, Guy's; Ebenezer Fulham Turner, Guy's; Thomas James Woodhouse, St. Thomas's. *Second Division.*—Wm. Hugh Aldersey, Guy's; Walter Austice Harvey, St. Bartholomew's; Arthur Trehern Norton, St. Mary's; Charles Read, University College. Examination for Honours. *Anatomy. First Class.*—James Pearson Irvine (Exhibition and Gold Medal), University College; John Burges Welch, (Gold Medal), King's College. *Second Class.*—Frederick Barham Nunneley, University College; Henry Greenway Howse, Guy's. *Physiology, Histology, and Comparative Anatomy. First Class.*—Henry Greenway Howse (Exhibition and Gold Medal), Guy's; James Pearson Irvine (Gold Medal), University College; George Christo-

pher Tayler, St. Bartholomew's. *Organic Chemistry and Materia Medica and Pharmaceutical Chemistry. First Class.*—Stephen Wootton Bushell (Exhibition and Gold Medal), Guy's; Charles William Philpot (Gold Medal), King's College; Frederick Barham Nunneley, University College; James Pearson Irvine, University College. *Third Class.*—Thomas Claye Shaw, King's College.

Baron Larrey.—The department of the Hautes-Pyrénées has just celebrated the inauguration of the statue erected at Tarbes to the memory of Baron Larrey, Surgeon-in-Chief of the armies of the First Empire. The concourse of people was immense, as every town in the department and all classes of society were anxious to be represented on the occasion. All the local authorities and the principal inhabitants of the town and department assembled at the Hotel-de-Ville to form the *cortège* which was to conduct the present Baron Larrey, son of the illustrious surgeon, to the Cours Napoleon, where the statue had been erected. Dr. Jules Cloquet, of the Institute, especially deputed by the Academy of Medicine; M. Cazalas, Inspector of the Military Medical Service; M. Joly, Professor of the Faculty of Sciences at Toulouse; and M. Juvenal, member of the Legislative Body, walked by the side of the baron. On arriving at the Cours Napoleon the *cortège* was received with loud cheers, and Baron Larrey was at once conducted to the estrade of honour, where he took his seat by the side of Mgr. Laurence, the bishop of the diocese. After the usual formalities, the veil covering the statue was withdrawn, and as soon as the image of Larrey, full of nobleness and animation, became visible to every eye, tremendous cheering burst forth, which was continued for some time. Speeches were then made by M. Garnier, Prefect of the Hautes-Pyrénées; an admirable one by Dr. Jules Cloquet, in the name of the Academy of Medicine; by M. Cazalas, in the name of the Medical Corps of the army; by M. Juvenal, as President of the Academic Society of the Hautes-Pyrénées; and by M. Joly, as representative of the Imperial Academy of Toulouse. All these gentlemen dwelt with great eloquence on the great qualities, genius, patriotism, and eminent services of the great man whose memory they had met to honour, and were most enthusiastically cheered by the multitude. When the ceremony was concluded, the *cortège* was again formed to conduct Baron Larrey to the Hotel de la Paix. The next day a grand dinner was given to Baron Larrey at the Hotel, which was attended by all the principal local authorities, as well as MM. Cloquet, Cazalas, Juvenal, and Joly. The principal toast of the evening, "To the two Larreys, the town of Tarbes!" proposed by the mayor, Viscount de la Garde, was drunk with enthusiasm, and responded to by Baron Larrey in an appropriate speech.

Sea-Bathing.—In the 'Médecine Contemporaine,' Dr. Foubert, the inspector of the baths at Villiers-sur-Mer, advises delicate persons to adopt the following plan to promote reaction after sea-bathing:—The bath should be preceded by a short walk, a flannel wrapper be used before entering and on leaving the water, a hot footbath be ready immediately after the bath, and, if violent shivering should occur, it will be checked by warm fomentations over the thighs and chest. A hot drink will greatly assist in bringing on reaction; dressing must be promptly performed, and active exercise taken if possible in the sun. The best time for bathing is the afternoon or mid-day. But the point which requires most attention is the duration of the bath, which should be in proportion with the amount of vital power of the subject; chlorotic patients should not, especially at first, remain longer than three minutes in the sea. Should these precautions fail in producing reaction, the baths must, for a while, be discontinued, and the strengthening effect of sea-air alone be trusted to. Warm sea-baths may, after an interval, be prescribed at a temperature daily lower, until it is thought safe again to bathe in the sea. In most cases a gradually more rapid reaction will thus be secured, a very essential condition of the utility of sea-baths.—'Journal of Practical Medicine and Surgery.'

Western Dispensary, Westminster: A Fever Nest.—Dr. Aldis visited a boy ill with fever, at Smith's place, York street, on the 18th inst. The brother, aged twenty, lay dead from typhus fever. On leaving the house, he was entreated by the parents and relatives of other persons struck down with the same complaint to visit them, and before leaving the place he ascertained that there were thirteen cases of fever in nine houses. The patients consisted of children and adults. It appeared that there were two water-butts, one of which had no supply of water, that the inhabitants were entirely without water from Saturday to Monday previously, and that the closets were overflowing before the outbreak of fever.

Disinfecting Properties of Megass.—The residue of the sugar-canes which have been crushed in the mill and deprived of their juice is called megass (*bagasse* of French writers). The softer portions are used as fodder, the remainder is burnt. This substance was not hitherto turned to any use, and its antiseptic virtues have been revealed by mere accident. A physician of Georgetown, Dr. W., was commissioned to examine the dead body of a man which had been found concealed in a heap of megass, and to his surprise he remarked that no putrefaction whatever had taken place. He concluded that fresh megass evolves in the process of fomentation a disinfecting gas, which might be applicable to the procedurea of public and private hygiene. Before mentioning his discovery, Dr. W. caused several tubs filled with this substance to be placed in a hospital occupied by numerous patients suffering from ulcers and contagious gangrene; the atmosphere of the wards was at once purified, further contagion was checked, and no fresh cases of gangrene occurred. The 'Journal de Chimie Médicale' borrows these particulars from Dr. W.'s communication to the London Society of Arts, and remarks that they confirm the truth of the maxim, "that Nature supplies a corrective for every evil, and that the contagion bred in tropical countries by the heat of the sun will, perhaps, in future be checked by the use of a substance produced under the same warm influence."—'Journal of Practical Medicine and Surgery.'

German Hospital, Dalston.—The Duke of Cambridge, the president, has consented to open the new German Hospital on the 15th October next; and the Duchess of Cambridge and the Princess Mary have also graciously promised to honour the festival with their presence. The new structure stands in the centre of what was formerly the hospital garden, in a healthy situation, on a soil composed of gravel and sand. It consists of two blocks united by a corridor. In an architectural point of view it is a handsome and substantial building, and the internal arrangements appear to be all that can be desired.

Chloroform.—A useful and practical debate on anæsthetic aid in midwifery took place in the London Obstetrical Society, at the end of the year 1860, consequent on my reading a few observations on "Obstetric Operations" to the Society.—Dr. Tanner stated that he had never found chloroform do harm, but much good; and it sensibly shortened the after period of convalescence. If he feared hæmorrhage, he gave a large dose of ergot towards the close of the labour, and did not object to the use of chloroform as well. Dr. Barnes doubted the necessity of using chloroform in forceps cases and turning; he had given it in a case of adherent placenta, and witnessed great prostration from it. He had been especially gratified with its use in cases of great nervous excitement, and where convulsions seemed to impend. He believed he had thus averted convulsions, and had certainly accelerated labour. He would like to know what progress chloroform had made in Germany, where interference in labour was so much more general. Dr. Gream had made a full recantation of all his former opinions so opposed to chloroform: he believed there is no city in the world where chloroform is now so much used in midwifery, and amongst the upper classes of society, as in London; still there has not been a single accident in about 40,000 cases. For three reasons he believed chloroform most beneficial in labour: it removed pain, it rendered turning more easy, and it facilitated recovery. The only detrimental effect he had observed was in protracted labour with pelvic contraction, where it seemed to cause delay.

He had seen fewer cases of hæmorrhage also since he had employed chloroform; indeed, he had exhibited it to patients habitually subject to this occurrence, but without the expected hæmorrhage supervening. He had found inhalers and machines to do mischief; he preferred a common tumbler and clean pocket-handkerchief. Dr. Druitt gave similar testimony as to the use of chloroform in hæmorrhage cases. In cases of protracted labour from rigidity, such as happen in robust women who marry rather late in life, the blessings of chloroform are incalculable. No amount of torture equalled that which many women endure from excessive uterine action and *quasi* inflammatory rigidity of the os; and here chloroform agreed well with any other proper remedy (opium and emetic tartar, for instance); the only reservation is that chloroform be used in the minutest quantities.—Dr. Kidd, in 'Dublin Quarterly.'

Drinking Fountains.—The committee of the Metropolitan Free Drinking Fountains Association have received a contribution of 60*l.* from a lady in Brompton, and of 100*l.* from a gentleman in Pimlico, for the two fountains just opened by the Society outside the Kensington Museum and in the high road leading to Battersea Park. A gentleman in Fifeshire has also offered to pay the cost of a fountain to be erected near the Kensington Potteries, and a lady at St. John's wood has given a donation to the society for the new cattle trough just fixed in Finsbury square. Some liberal contributions to the general fund have also been received during the past few weeks, and the committee are making every effort to erect other fountains before next season. The chairman (Mr. Samuel Gurney) states that 87 fountains, 3 cattle troughs, and more than 50 dog troughs have now been opened by the society, but that, notwithstanding this success, whole districts remain as yet without a single fountain, and 400 more would not fully supply the need of the metropolis.

Death from Hydrophobia.—A death resulting from this dreadful malady has occurred in Bandon. It appears that about six months ago a fine powerful young man named Joseph Horsford, a servant in the employment of the Earl of Bandon, was endeavouring to administer a dose of castor-oil to a huge mastiff, who was kept in the stable-yard at Castle Bernard. While so engaged, with his thumb in the animal's mouth, the dog made a sudden snap, and drove two of his teeth with such force into the upper joint of the thumb that they penetrated almost through the bone and produced a tedious wound, which it took several weeks to heal. As the dog, who was merely suffering from an attack of worms, betrayed no trace of madness, the affair was soon forgotten, and no one thought anything more about the matter until Thursday last, when poor Horsford for the first time betrayed unmistakable symptoms of hydrophobia. When he was given a piece of bread soaked in water he was seized with spasms, and spat it out violently; and when he was shown a looking-glass the poor fellow mistook it for water, and immediately the frothing at the mouth became profuse, and his contortions terrible. Upon the appearance of the first indication of this dire disease the noble family in whose employment he was called in some of the first medical men in Bandon, and telegraphed to Cork for additional medical assistance; but all was in vain. An attempt was made to place him under the influence of chloroform, but without success. Every effort which kindness could devise or medical skill could accomplish was tried, but without producing any apparent benefit. The unfortunate man suffered intensely, and gradually kept sinking until he died, which was on the second day after the first symptoms became apparent.—'Cork Examiner.'

Bequests.—The late Mr. Thomas Robinson, of Sandford House, Bootle, near Liverpool, has bequeathed the munificent sum of nearly 10,000*l.* to the local charities: amongst them, to the Royal Infirmary, 1,000*l.*; the Northern Dispensary, 600*l.*; the Southern Dispensary, 600*l.*; the Northern Hospital, 500*l.*; the Southern Hospital, 500*l.*—The late Mr. Martin Thackeray has bequeathed 500*l.* to the Bedford Hospital.

Mortality of the City of London during the last Quarter.—Of the deaths in the City of London during the last quarter, about 41 per cent. have been among children of less than five years of age; 33 per cent. of persons from twenty to sixty years of age; and 19 per cent. of persons aged sixty and upwards. The total amount of sickness amongst the poor has been less than usual.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 31.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, Sept. 1.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, Sept. 2.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, Sept. 3.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, Sept. 5.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, Sept. 6.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

To Subscribers.—Gentlemen who receive the Medical Circular direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

Mr. T. Harrison Marshall's letter is inserted.

Dr. R. M.—Some doubt has been expressed as to the Calabar bean having really been the poison which was eaten by the children at Liverpool. The bean has been so scarce that it could with difficulty be procured for medical purposes; and as its use in commerce is unknown, it was not very intelligible that a shipload of the seeds should be discharged at one of our ports. But we believe that all doubt on the subject is at an end, for the beans are now in Liverpool in great quantities, although the questions how and why they came there is not yet determined.

Anthropos.—We do not admire such sharp practice, but the parties concerned must fight it out for themselves.

Dr. Kidd's letter is inserted.

A Geologist.—The question of the antiquity of man is not to be determined by such shallow reasonings as those referred to. Although human bones have not been discovered in the Brixham Cave, yet a flint instrument, evidently of human manufacture, has been found in conjunction with the bones of extinct mammalia, as the cave-bear, the mammoth, and others.

Dr. S. B.—The letter has been received.

An Aspirant.—There is not much difference as to the rewards offered for Natural Science at Oxford and Cambridge, but both the Universities are making efforts to encourage those studies.

A Devonshire Physician inquires where he can obtain skim milk in that county at the rate of twelve pints for threepence, as stated by the 'Times' on the authority of Dr. E. Smith.

J. H. Park.—The communication has been received.

The letter of our Dublin Correspondent is unavoidably postponed until next week.

Prizes in Materia Medica and

PHARMACEUTICAL CHEMISTRY.

The Examination for the Society of Apothecaries' Annual Prizes in Materia Medica and Pharmaceutical Chemistry will be held at the Hall of the Society, on Wednesday, the 19th, and Friday, the 21st of October, at 10 a.m. to 1 p.m., viz.—Wednesday for Writing, and Friday for Viva voce.

The Prizes consist of a Gold Medal and a Silver Medal with a Book.

Gentlemen being Medical Students will be eligible as Candidates for such Prizes who shall have commenced the third Winter Session of their Medical Study.

Candidates must send a written notice to the Office of the Beadle of their intention of competing for the Prizes on or before the 7th day of October.

By order of the Court of Assistants,
R. B. UPTON, Clerk to the Society.

Apothecaries' Hall, August, 1864.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will commence Oct. 3, with an Introductory Address by Mr. CALLENDER, at 5 o'clock p.m.

LECTURERS.

Medicine—Dr. Black and Dr. Kirkes.
Surgery—Mr. Lawrence and Mr. Coote.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrators of Anatomy—Mr. Callender and Mr. Smith.
Demonstrators of Morbid Anatomy—Dr. Andrew.

SUMMER SESSION, commencing May 1, 1865.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Martin.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chemistry—Dr. Odling.

The Hospital contains 650 beds, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Farre, Dr. Black, and Dr. Kirkes; on the Surgical Cases, by Mr. Lawrence, Mr. Paget, and Mr. Coote; and on Diseases of Women, by Dr. Greenhalgh.

Collegiate Establishment.—Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive Students to reside with them.

Seven Scholarships, varying in value from 20*l.* to 50*l.*, are awarded annually. Further information respecting these and other details may be obtained from Dr. Edwards, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

Anatomy, Physiology, Pathology,

and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his Instructions and Examinations daily at his residence, 6 Devonshire street, Portland place. These Instructions are illustrated by Anatomical Preparations, recent Dissections, and Models. Each course, Five Guineas.

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DAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Chemist in Ordinary to the Queen and H.R.H. the Prince of Wales, 227 Oxford street, London, to whom all applications respecting it must be addressed.

Third Edition, with Further Remarks by Dr. CORVISART, Physician to the Emperor of the French, edited by W. S. SQUIRE, Ph. D.; published by J. Churchill, London; may be also had of the Author, 277 Oxford street, price Sixpence

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—the LANCET—Dr. Hassall, and others, recommend "Waters' Quinine Wine" as an excellent and simple stimulant. Manufactured only by ROBERT WATERS, 2 Martin's lane, Cannon street, London, E.C. Sold by Grocers, Italian Warehousemen, and others, at 30s. a dozen.

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CAUTION.—The success obtained by Struve's Mineral Waters, owing to their perfect identity with those of the natural springs, has induced several parties to attempt imitations, sold as "BRIGHTON Seltzer," "BRIGHTON Vichy," &c., an analysis of some of which has shown an utter disregard of their true chemical composition.

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PHARMACEUTICAL CHEMIST.

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and Cubebs are doubtless the best remedies, but are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering them perfectly innocuous by increasing all their curative properties. It has been adopted by the Paris Academy of Medicine after more than a thousand trials in Paris and the different London hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Legros Clark. —'Lancet,' Nov. 6, 1857. The Copahine, which is in form of a pretty pink sugar plum, effects a cure in about six days. 100 Capsules, 4s. 6d.; post-free, 5s. 2d.—At G. JOZEAU'S, French Chemist, 49 Haymarket, London; 22 Rue St. Quentin, Paris; and all Chemists.

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Sparkling Epernay Champagne, 36s.,	42s.	,, 48s.	,,
Good Dinner Sherry	24s.	,, 30s.	,,
Port	24s., 30s.	,, 36s.	,,

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Celebrated Vintage 1820 at	120s.	per dozen.
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ORIGIN AND NATURE OF SYPHILIS.

By Richard Samuel Sisson, M.D.

(Continued from page 137.)

The following case of vaccination, reported by Mr. R. O. Clark, at that time Resident House-Surgeon to the Royal South Hants Infirmary, in the 'Med. Gaz.', 1850, vol. xi., N.S., seems to bear so closely on the present subject that I make no apology for quoting it *in extenso*:—

"On the 28th of August last," says that gentleman, "I was requested to vaccinate John Hillesden, æt. nine months, a fine healthy child, who, his mother told me, had scarcely had an hour's illness since his birth—a case promising well that the vaccine should take due effect. I inquired very particularly into the present state of the secretions, &c., and found all in proper order. The breast had been as yet the only source from which his nourishment had been derived. Three good incisions were made with the lancet in the upper part of the left arm over the belly of the deltoid muscle, and I inserted into each successively two points well charged with the matter which had been sent me by the National Vaccine Establishment. Not more than the usual bleeding occurred during the operation, and not the *slightest abrasion of the cuticle could be seen on any other part of the arm, nor was any scratch made during vaccination.*

"On the 30th there seemed a slight disposition to the formation of vesicles; but during the next day all redness disappeared, nor did any further signs of the matter having taken effect show themselves at this spot. On the evening of Sept. 2nd the mother noticed what she considered a small red pimple *about the middle of the forearm*, and on my visiting the case next morning she showed it to me. It was then larger, and had, in my opinion, all the characters of a cow-pox vesicle, of about the third day after vaccination.

"I watched the case daily, and became more and more convinced that it was genuine cow-pox. Still, not liking to rely on my own judgment in so unusual a case, on the 6th Sept. I showed it to my father, and his opinion entirely coincided with mine. It subsequently ran through all the successive stages of a common cow-pox vesicle; and had I not known in what part of the arm the child had been vaccinated, and that the cuticle of the forearm was previously quite sound, I should have unhesitatingly said the matter was inserted at this spot, and that all was going on in a normal way. As, however, I had never seen an exactly similar case before, I confess I was inclined to be rather sceptical on the point, in spite of my convictions to the contrary. I therefore determined to vaccinate the child in the other arm on the fourteenth day after the primary vaccination, and obtained a fresh supply for that purpose from the National Vaccine Establishment. I inserted into four incisions a quantity of matter from glasses, and subsequently four points well charged with the lymph. No other effect was produced than would have followed a simple scratch—viz., there was a little redness of the part for a couple of days. Feeling sure the case was a curious one, I wrote to Dr. Gregory, of the Small-pox Hospital—one of the greatest authorities of the day, I presume, on these matters. He seemed even more sceptical on the case than I had been, and told me, 'if the single vesicle were *bonâ-fide* cow-pox, the case was a very curious one indeed—undoubtedly the first of the kind that ever happened,' and that 'some still stronger testimony would be desirable to prove it such. This testimony would be supplied only by the insertion of *very efficient fluid lymph* into the arm of the same child. If under such renewed application of an active virus (performed so as to leave no shadow of doubt that the second vaccination had been decidedly performed) the child should remain unaffected, we must believe the constitutional vesicle you saw on the forearm was "*genuine vaccinia*;" but, on the contrary, if the second vaccination rises into good vesicles, it is clear that the first vesicle was only ecthyma.' He advised my giving the child two alterative doses of calomel before again vaccinating him, and offered to charge two lancets for me with '*matter of undoubtedly good character.*' I sent him two fine and sharp, which he charged from two different children; and the boy was, on Sept. 26th, revaccinated with this lymph, about nineteen or twenty hours after it was taken. This, the Doctor considered, would put the case beyond doubt; but he anticipated that the revaccination would take effect, and that the first vesicle would then be proved to be ecthyma.

"However, no such result followed; the vaccination was done efficiently, and the only effect produced was just that which occurred after the first revaccination and nothing more, not the least inclination ever showing itself for a vesicle to rise. No constitutional disturbance whatever was present."

As Mr. Clark's experiments were evidently conducted for the sake of eliciting truth, and not merely with the view of supporting a new theory, the case must be considered as all-sufficient to prove that an animal poison may be absorbed into the economy, and produce constitutional effects, without the necessary intervention of a local disease at that point where the poison gains entrance.

If the natural secretion from the genital organs of an individual tainted with syphilis can communicate the disease to another, then I think it must be conceded that the same results will ensue from the gonorrhœal discharge, the seminal fluid, and the vaccine lymph of a person similarly circumstanced.

Dr. Price, of Margate, has published a case in the 'Lancet,' 1846, by which it is shown that the milk of a secondarily infected nurse will communicate the disease to her nurse-child; and such cases are, I believe, not uncommon. It is curious, however, to note with what pertinacity some writers combat such facts; and though it is a matter of daily occurrence for the wives of men constitutionally affected to escape contamination until pregnancy occurs, or for the ovum to be tainted, and the woman escape altogether, we find Siegmund making this statement:—"The transmission of syphilis from parents to children is direct as regards the mother, and indirect as regards the father. A transmission of it by the semen has not yet been proved."—('Med. Times and Gaz.', 1861.)

And Dr. Charrier endeavours to show that a child affected with hereditary syphilis must have a mother who is, or has been, syphilitic, and that the father has no direct influence in producing the disease.—('New Syd. Society Year-Book, 1862.')

For the sake of the women of the present generation, and of the children of that which is to come; for the sake of man's own peace of mind, and as some restraint upon the reckless, I hope the day is far distant when such a doubtful and, I believe, erroneous doctrine shall be circulated amongst us. The result of such an event would be an amount of misery and degradation awful to contemplate, and already, alas! too widely spread, even under existing circumstances.

The following is an extract from the 'New Syd. Society Year-Book, 1859':—

Apropos of two cases in which syphilis followed immediately on, or rather was blended with, variola, Bamberger makes the following remarks:—"The interest of these cases consists not so much in the circumstance of syphilitic subjects being attacked by variola, but rather in this, that under the eye of the observer the specific variolous pustule passes into the equally specific product of constitutional syphilis, the change taking place in such a manner that it cannot be determined when the efflorescence ceases to be the one and begins to be the other. It is impossible not to assume that the individual efflorescence, as soon as it is placed under the influence of the two forms of disease holding sway over the system, contains also in itself the pro-

duct of both." The editor remarks:—"According to this, it seems undeniable that if a healthy child were inoculated with vaccine matter from another labouring under constitutional syphilis, the latter disease might also be communicated as well as the vaccine infection."

Can the Syphilitic Virus be eradicated by Time or Treatment?

The honourable medical man can, I think, feel no greater responsibility devolving upon himself than when called upon to answer the question, Is it safe for a man to marry who has been affected with constitutional syphilis?

It has been argued that the infecting chancre can be contracted but once, and thence it has been inferred that the syphilitic remains syphilitic for life. Now, it is evident that, even were the premise true, the conclusion may be false. Would it not be equally philosophical to conclude that because a second vaccination or a second inoculation for small-pox proved abortive, therefore those poisons still remained active and uneliminated?

That a certain diathesis is created by the absorption into the system of the syphilitic virus is a reasonable inference from what occurs in other diseases of like nature; and that this virus will be in time eliminated as the viri of those diseases are, is an equally reasonable inference.

Hospital patients are not the best upon whom to study the natural course of this disease. Their irregular mode of life, their intemperate, immoral, and filthy habits nullify remedies, thwart Nature, and render them continually liable to contract fresh disease, for which they seek fresh advice, and so on, until at last, coming again under the hands of their old doctor, they deny all their intermediate ailments. Their surveillance whilst in hospital is evidently insufficient in point of time to be of any value in deciding this question, for it must be admitted that syphilis adheres long and pertinaciously to the constitution.

That the syphilitic poison, however, can be eradicated, and occasionally in a short time, is evident from the following case recorded by Mr. Lee in the 'Lancet,' 1862:—"A gentlemen had a syphilitic sore, which was followed by a general eruption on the skin. He then passed two years in the West Indies. After this he returned home with the faint brown stains of the eruption still visible. In London he contracted fresh disease. Two well-formed indurated and circular chancres presented themselves on the glans penis. In a few weeks these were followed by a well-marked crop of syphilitic lepra, of a bright copper colour, and quite distinct in appearance from the brown stains of the first eruption."

Mr. Aeton expresses his opinion thus:—"I think it necessary somewhat to qualify this strong statement (Ricord's) of the incurability or ineradicability of the syphilitic diathesis. Obstinately as it adheres to the constitution, I believe from experience, as well as analogy, that it will wear out."

M. Diday has published an elaborate paper on second attacks of syphilis; and he remarks: "Although these facts appear new, they would long since have been well known had not practitioners allowed themselves to be blinded by doctrines which, though true in most, are not absolutely so in all cases." To this statement of Diday's I most fully subscribe, believing that had this not been the case so many false dogmas respecting syphilis could never have been so widely disseminated. Diday in his own practice, in six years, met with twenty examples of reinfection, which he says proves that syphilis may be radically cured—a fact denied by many authors. The mean minimum time is twenty-two months.—('New Syd. Society Year-Book, 1862.')

Perhaps the views I have been advocating with respect to this most complex subject may be rendered clearer by the following recapitulation:—

Since man is organised as he ever was, and has for ages been subjected to the same influences as now, so syphilis has ever existed, or at all events since those influences were in operation.

Since most zymotic diseases are now proved to arise spontaneously, and since syphilis must have first arisen in that way, so may it arise now.

The unity of the syphilitic virus is admitted, and the unity of the chancrous virus seems all but proved.

Induration of a chancre is a sign of constitutional infection, which may take place at any time, or not at all.

No one can pretend to limit in either direction the precise number of points which must be attacked in any syphilitic outbreak; therefore Ricord's dogma is not true that indurated chancre is invariably followed by (other) constitutional symptoms.

It is reasonable to suppose that the syphilitic virus may be absorbed and produce constitutional effects without the necessary intervention of a local sore.

The first result of such absorption *may be* bubo.

The character of a bubo, like all the manifestations of syphilis, is determined by the constitutional peculiarities of the individual.

Any of the secretions, morbid or natural, of a contaminated individual may act as a focus of contagion to a healthy person.

Tertiaries so-called are the results of a cachexia produced by the syphilitic virus, and are not different from the results of cachexiæ which arise from other causes.

The evolution of syphilis is irregular in all its phases.

The syphilitic virus may be eradicated, and the diathesis produced may be overcome.

CASE OF PARTIAL RUPTURE OF THE UTERUS.

By J. H. PARK, M.D.

On the 4th of July, 1863, I was called in to Mrs. B., in labour with her first child, the midwife being in attendance, but the friends getting impatient. On examination, I found the head presenting—first position; the os about the size of a florin; pains moderate and continuous. The woman was young and strong, but most impatient; and the midwife directed my attention to the peculiar shape of the abdomen, which was greatly protuberant superiorly—in fact, reversing the shape of the abdomen usually found in labour. With the assistance of moderate dilatation with the finger, the os fully opened and the head descended, and then remained impacted for an hour at the floor of the pelvis, notwithstanding continuance of the pains. I then applied the forceps, and having got the head born succeeded, with great difficulty, in extracting the rest of the body, the uterus apparently giving little or no aid. The abdomen still preserved its original strange appearance, and on introducing the hand the whole of the placenta was found firmly adherent to the fundus, this condition being probably caused by several kicks on the abdomen which (I then learned) the poor woman had received during her pregnancy.

For upwards of an hour my continued efforts to separate the placental mass were unavailing, not a single portion of it being detached. As my hand was getting quite cramped, I called in the assistance of another practitioner, before whose arrival, however, I succeeded in getting it away.

There was not much flooding, but the woman was considerably exhausted. On again introducing my hand to get the womb to contract properly (there being hour-glass contraction), I was mortified to find what I considered still a piece of placenta hanging from the lower and back part of the uterus. I passed my fingers round it but used no force, as at its upper part it was quite continuous with uterine substance. We both were at a loss to account for it, and thought it prudent to call in the assistance of a practitioner of much greater experience than either of us. The placenta was carefully examined, and, though torn, was found to resemble the entire mass. We then each examined the uterus and succeeded in satisfying ourselves that what we felt hanging down was in reality a portion of the mucous and muscular walls of the uterus itself. The tear was from below upwards, and of a semi-circular shape, and must have involved one-half of the thickness of the posterior wall. It felt very like the placenta, without the lobulated feel of the latter. There can be little doubt that, in the weakened state of the uterus, arising from the inflammation required to produce such extensive placental ad-

hesion, the tear was the result of the violent contraction of the organ itself. Had the direction of the rent been reversed, it would have been a question whether I had not produced it by my efforts at abstraction. The woman was so much exhausted and depressed that a fatal issue was looked for; but, by a liberal use of stimulants and opium, she made an excellent recovery.

The result was not only gratifying to her medical attendants, but must have afforded considerable satisfaction to the husband.

Broughty Ferry.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

Operations by Mr. Henry Smith.

Case I.—A little boy, aged about five years, of apparently good health, and with a clear, florid complexion, of a thin, spare habit, yet not at all of a delicate appearance, was suffering from disease of the knee-joint. He was placed under the influence of chloroform, and the condition of the articulation was then more minutely examined by Mr. Smith.

As the child lay on its back, the limb was seen to be flexed upon itself, almost, if not altogether, at right angles; the joint was considerably enlarged and looked even greater than it really was, owing to the emaciation and wasting which had taken place in the thigh above it and in the calf of the leg below: there was, leading down to the bone and into the interior of the joint, a number of sinuses; and on the inner aspect of the joint was a large red surface, where the integument had become stripped off, and the surface lying immediately beneath had become altered. This red, unhealthy-looking sore was pathognomonic of the nature of the diseased action.

Grasping the knee with the left hand, and steadying the entire limb—which was likewise supported at the foot and a little above it by an assistant—while compression was exercised by Mr. Mason upon the artery, as it lies close to the ilio-pectineal eminence, Mr. Smith entered the knife a little above the articulation and directly in front of the lowermost third of the femur. The instrument was then made to cut its way out and to form the anterior flap; afterwards it was entered posteriorly behind the bone, and as it was being withdrawn the posterior flap was formed.

The operation was performed with the utmost possible celerity, and scarcely any blood was lost, even though a large number of vessels had to be tied. The flaps, brought together with a sufficiency of *thread* sutures, were then supported by strips of adhesive plaster, over which were then placed strips of wetted lint, so as to give further support, and all were then enveloped in the folds of a calico bandage.

The child woke up very quickly from the influence of the chloroform; and here we would note that we have often remarked the same to take place in children of tender years and in *young* persons of yet more mature years, but who are considerably under middle age, and the more especially so if the chloroform be very good and pure.

Mr. Smith, in the remarks which he made subsequent to the operation, dwelt upon the fact that such a measure as he had just carried out in the case of this patient was now of very infrequent occurrence since preservative surgery had become the fashion and had worked so complete a change in the minds of surgeons.

Before beginning the operation it was the intention to amputate through the joint; but, as there was very great disorganisation of the articular extremities of the bones, this plan was abandoned in favour of amputation immediately above the joint.

The lower third of the femur, for a distance of some inches, was completely stripped, not alone of the soft fleshy tissues by which it ought to have been covered, but likewise of the periosteum; this denudation was particularly marked on the anterior and outer surfaces of the bone to which the sinuses led down. The posterior surface of the tibia was also laid bare and had a large sinus communicating with it, through which the probe was passed down to the bone, which was then ascertained to be dry and altogether dead. In addition to this condition of the tibia, the lower end of the femur was actively engaged in the same morbid process as had destroyed the bone of the leg.

Case II.—Amputation through the knee-joint was intended, but, owing to extensive disease of the parts, amputation above the articulation was performed. The patient was an elderly woman, of intemperate habits, and some time previously had received an injury which had caused a compound fracture at the knee-joint of the left lower extremity. The fracture was supposed to have extended itself into the neighbouring articulation, and the supposition was strengthened by the distinct and very peculiar grating heard and felt as the leg and thigh were moved on each other. After the fracture there had supervened extensive disease of the joint, and the patient had fallen into bad health; on her admission she was very low, not only from the disease, but also from her dissipated habits, and required every kind of nourishment as well as an abundant supply of stimuli to raise her from her depression and keep her from again sinking below par.

The woman presented an appearance as though she had formerly enjoyed robust and excellent health; she, however, now wore an anxious and careworn expression, but notwithstanding the gravity of the affection under which she laboured was not very much emaciated.

Every endeavour had been made to save the limb before resort was made to amputation, which was undertaken, altogether, as an ulterior measure, nor until every effort to effect a healthy change had been unsuccessful.

The leg, which on moving caused exquisite pain to the patient, had been placed by Mr. Smith on a straight splint that ran upwards above the knee and terminated below in a foot-piece, against which the foot rested; the splint was well padded and had sides to it, which, though not reaching far forwards upon the leg, yet gave steady and effectual support to the entire member. Instead of the ordinary calico roller, a flannel bandage was used, as communicating more warmth and comfort to the patient.

When the patient had been brought under the full influence of chloroform, Mr. Smith made an incision down upon the patella, in such a manner that the edge of the knife should correspond to the medial transverse line of that bone, and then dissected up the integuments with a view to getting into the joint and performing that operation which is usually termed amputating through the joint. In making his incisions and opening into the articulation, so much disorganisation had taken place, that Mr. Smith deemed it advisable to alter his original intention, and to remove the entire joint with all the parts below it—to perform, in fact, amputation at the lower third of the femur but as close to the joint as the disease would allow.

In accordance with the alteration of intention, there was, of course, a necessity for alteration in the procedures; but such was the nicety of manipulation, and the skilful tact called to bear upon it, that the change in manner could hardly be noticed or appreciated by the lookers-on, a great number of whom, even after the completion of the entire operation, were not aware of any alteration.

The joint was opened into from the front, and presented an immense amount of disease. The cartilages were *completely* removed from the joint. Mr. Smith stated that he had never seen an instance of such complete removal; those covering the tibia as well as those which terminated the femur, and those lining the internal surface of the patella, were all eroded. There was, however, no evidence of fracture either of the tibia or of the femur. An immense quantity of pus flowed from the inner side of the femur as soon as the soft parts had been sufficiently opened to allow of its escape.

The posterior flap was taken from the soft parts covering the lowermost part of the back of the thigh as well as from those composing the calf of the leg, and by many was supposed to be of too great a length to form a nice pad or support upon which the body could subsequently rest; but

Mr. Smith took opportunity to call attention to the facts that the skin would shrink, the muscles waste away or become converted into fibrous tissue, and that all the parts would be so altered after the lapse of some little time, that unless the flap were left long enough the bone might protrude; or, if such did not occur, that at least a comparatively useless stump might be given to the patient, as the skin would be too tightly stretched across the end of the bone, and the remaining part of the limb would be rendered cumbersome rather than otherwise, as it could hardly be used either from the pain that would be occasioned on pressure, or from the danger of ulceration at the point of pressure.

In the obstetric ward we saw a very interesting case, under the care of Dr. Playfair.

The patient was a woman aged about thirty, who had borne a few children and had miscarried upon different occasions. She was pale and anæmic, the face and surface of the body being completely blanched; the eyes were sunken and glassy, and were circumscribed by a dark halo; the forehead was white and had the skin stretched tightly upon it; the cheeks were hollowed; the nose pinched; the lips paled but not yet bloodless; and the entire countenance wore a melancholy and cadaverous appearance. The tongue was red, though not harsh and dry; the pulse was quick, easily checked by compression, small, and frequent. The surface of the body was cool and bedewed with moisture; the abdomen was evidently distended beyond its natural dimensions; but on the occasion of our visit we could not make any manual examination, as the pain felt on pressure—no matter how lightly laid on—was too excessive.

Dr. Playfair, however, mapped out the abdominal tumour and showed how far it extended itself laterally as well as in an upward direction, and also pointed out the position of the fœtal prominences. The entire tumour was very distinctly marked, and its boundary lines were ascertainable without any difficulty. It did not reach higher than about midway between the umbilicus and the ensiform cartilage, and in its lateral dimensions it did not altogether engage that region of the abdomen which lies between the ossa ilii. There had at no time been any discharge of purulent matter from either the vagina or the rectum, nor at any time had fœtal remains escaped by either of these outlets.

The history pointed, perhaps, more to rupture of the uterus and extrusion of the fœtus into the abdominal cavity than to extra-uterine fœtation. The woman had conceived; had gone to a certain time in her pregnancy without experiencing any unusual or untoward sign or symptom. When on one occasion she felt a sudden pain in the inside of the abdomen, and which she described as followed by some not very considerable constitutional disturbance, by a sense of faintness and nausea, the latter being followed by actual emesis. At no time had the patient voided from the bladder either pure pus or urine mixed with purulent matter.

The os and cervix uteri were in that condition in which we would expect to find them when no substance is contained in the uterus.

There was no attempt made at removal of the abnormal abdominal contents through the rectum or vagina, simply because there was no tendency for the *débris* to be ejected by these channels; instead, however, Dr. Playfair preferred to make an opening in the abdominal walls, and to procure extrusion in this manner. With this object in view, a caustic issue was made a little toward the left of the medial line of the abdomen, and inferior to the umbilicus, immediately over one of those projections formed by the fœtal limbs, and where it seemed most likely that the wall of the abdomen would be penetrated, were such an occurrence at all to take place.

It was scarcely anticipated that the patient's strength would carry her through the tedious processes necessary for the extrusion; but yet the procedure was fully justifiable, inasmuch as it was the only one which could give the patient any prospect of escape from the certainty of death by which she was threatened.

This case calls to our mind one which we some time since saw in St. Bartholomew's Hospital, under the care of Dr. Greenhalgh, and which we duly reported at the time that the case was under observation:—The woman had conceived, had advanced in pregnancy, and was one day walking in the street, when she slipped and fell; violent abdominal pain and some constitutional disturbance supervened; her full term came, but, though the time for birth had arrived, no delivery was effected. She went beyond her full time, and it then became apparent that the uterus had been ruptured, that the child had slipped from the womb into the cavity of the abdomen, where it lay, for a time at least, an inoffensive substance, and might remain for a considerable period without creating fatal, or, indeed, any very distressing or even uncomfortable symptoms. After the lapse of some time, an opening was made into the rectum, and fœtal remains—bones, flesh, hair—all in an excellent state of preservation, came away per anum. The case, we believe, ended in the recovery of the patient, and her restoration to perfect health.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

(From the Case-book of MR. MILTON.)

VESICULAR FORM OF ECTHYMA.

This form of ulceration, though painful and obstinate, is not generally described in works on cutaneous diseases. It is not often seen, only three distinct cases having been recorded at this institution during the last sixteen months. Mr. Milton is, however, disposed to think that it might be more frequently observed, though, perhaps, in a less marked form, could we always trace some forms of ecthyma and ulceration of the leg back to their first beginnings; but, as is well known, in the great majority of cases we do not see these patients till ulceration has existed some time. The nature and progress of the disease will perhaps be best understood from a brief narrative of the cases in question:—

E. D., an extremely stout girl, nineteen years of age, applied March 8, 1864, with what she called heat spots on her leg. On examination, three or four small, hard, fiery-red papulæ were seated on the outer side of the lower part of the right leg; one of these was surmounted by an angry-looking vesicle. With the exception of a remarkably dry, cracked state of the skin of the under lip, which was extremely thick, this girl presented every appearance of high health; there were no signs of scabies. She was put upon saline aperients, and a lotion of liquor plumbi and camphor mixture was ordered to be applied to the part. At the next visit it was found that all the other papulæ were dying away, while that on which the vesicle was seated had passed into decided ulceration. She was ordered, for internal use, the acid solution of iron employed at this institution; the sore to be dressed with ung. zinci. Under this she soon recovered.

T. C., a tall, healthy-looking woman, aged thirty, applied with the same complaint. Here, also, there was only one papule on which a vesicle was seated; on the centre of the vesicle was a black dot. The disease had assailed the outer part of the leg just above the ankle. There was no itching, but she had suffered all night from such severe burning and stinging, that she was not only prevented from sleeping, but thoroughly alarmed. She was put upon the same treatment, but the vesicle ulcerated and for some days discharged a quantity of clear serum. It healed without any bad symptoms, but a scar remained.

P. applied Aug. 2, 1864, with this complaint in a much more severe form, nearly the whole of the left leg from the knee to the foot having been attacked at one time or other. Here the complaint was exhibited in every stage; in some places there were merely large papules or tubercles, dark red, very irregularly shaped, some quite an inch and a half long, raised at parts a line or two above the skin. In other places, but very sparingly scattered, were vesicles progressing. Only one vesicle was seen fully formed. Again, in

some of the papules were seated very small but proportionately very deep ulcers, looking quite scooped out, the largest being about the size of half a Spanish nut. Finally, there were some irregular cicatrices. From the ulcers an almost colourless serum was discharged in great abundance, a linen bandage which the patient wore being quite saturated. The chin also was invaded by the disease, but only in the form of papules, of which there were two large ones seated on the under part. The disease had existed several months. The patient had been under medical treatment and had also tried to cure himself, with the usual result. Here, also, no history of scabies could be made out. The patient was at once ordered the acid solution of iron three times a day, and a mild aperient pill two or three times a week; the sore to be dressed with a weak ointment of red nitrate of mercury. At present, the patient is progressing most favourably.

This disease does not correspond with ordinary vesicular or bulbous affections. The irregular thickening and hardening of the base, with its disproportionate size, entirely remove it from that category. The vesicles *never become purulent, nor were any pustules seen.* The vesicles also were not seated on conical elevations, as is the case in ecthyma; nor was the complaint met with in persons of broken-down constitution, or exposed to hardships, want, and inclement weather. There was no history of syphilis—no reason to suspect it—in any of the cases; none of the patients presented any signs of scabies or communicated this disease, though they all slept habitually with other persons; and the treatment adopted was not in any way calculated to cure either of these contagious affections.

PARISIAN MEDICAL NEWS.

HOSPITAL FOR INFANCY.

M. H. ROGER'S CLINICAL WARDS.

Scarlatina.

During the last few months an epidemic, of what M. Roger calls the lesser scarlatina (*scarlatinette*), has been widely prevalent in Paris. The eruption was in general extremely faint, or so very transient, that the nature of the affection often remained undetected. The peculiar poison of scarlet fever was, however, undoubtedly present; and when the patients restored, to all appearance, or, recovering from a seemingly unimportant eruption, were exposed to cold, severe, and sometimes fatal, hematuria or dropsy supervened. In one instance, which it may not be inappropriate to refer to here, terror was the cause which checked the escape of the fever-poison from the skin, and gave rise to anasarca. The patient was a little girl, aged four years, who was supposed to have escaped the contagion of scarlatina, which her sisters had suffered from, and in whom the eruption and sore-throat had been so slight as to escape even the notice of her mother.

Sometimes the eruption presents many of the characters of measles and scarlatina conjoined: such are, for instance, the exanthemata, which have been denominated by various authors *scarlatiniform exanthema, estival roseola, rosalia, rotheln*, and *rash*, and which may or may not coincide with the presence of fever. According to Dr. Almeras, to whom the Profession is indebted for an exhaustive memoir on the subject, it is almost impossible to express, in the incipient stage, a decided opinion as to the true nature of the disease. In the second stage only, the affection assumes the following characters:—Roseate, diffused, dotted eruption; mild angina, unattended with any marked redness; tumefaction of the tonsils, or caseous exudations; the tongue does not present the scarlet colour, nor the strawberry appearance characteristic of genuine scarlatina; the general condition of the patient is usually satisfactory, and the pulse natural. In the third stage desquamation fails, or is confined to furfuraceous exfoliation; the renal secretion is healthy, and no anasarca is observed.

But, as we stated before, although the differences between true and spurious scarlatina are pretty well marked, the points of resemblance are sufficiently numerous to render it difficult during the prevalence of an epidemic to discriminate scarlet fever from the milder exanthema; and the practitioner will act prudently in treating all such cases alike, and in confining within doors, for a fortnight at least, all children who have presented even the faintest appearance of a suspicious eruption. M. Roger further recommends that the patients be isolated from all communication with healthy children, because the risk of scarlatina should never be unnecessarily incurred.

Therefore, in contrast with the well-marked cases of scarlet fever, which from the outset leave no room for any doubt, others not unfrequently occur so faintly characterised as to be easily confounded with eruptions entirely foreign to scarlatina. These spurious forms deserve, notwithstanding their innocuous aspect, very serious attention, because they are not less liable than the others to give rise to one of the most formidable complications of scarlatina, acute desquamative nephritis.

Albuminuria sets in from the fifth to the twelfth day of the eruption; and if the urine is highly albuminous, dropsy follows. According to M. Roger, serous effusions are observed about once in every seven cases, and supervene in the course of the third week of the disease. Experience teaches that exposure to cold is by far the most active cause of scarlatinal anasarca, and that all children affected with scarlet fever should keep their bed a fortnight at least, and be confined to the house for three weeks. After that interval, the development of this complication is improbable. M. Roger is not of opinion that anasarca may supervene at any time during the process of desquamation, and he thinks that in the cases in which dropsy is alleged to have set in at a period more distant from the initial stage of the affection than that mentioned above, it was referable to chronic renal disease, or to acute nephritis unconnected with scarlatina—an occurrence not uncommon in infancy.

The essential point in the matter is, that exposure to cold is the most frequent cause of anasarca, and that every precaution should be taken to guard the patients against such exposure for three weeks, beyond which no further danger need be apprehended.

Vomiting is one of the premonitory symptoms of anasarca; the complication is to feared when, from the tenth to the twentith day of scarlatina, fever and emesis supervene; under these circumstances, forty-eight hours seldom elapse before puffiness of the face makes its appearance. The urine is then scanty, and assumes a smoky colour, which, even without the assistance of the microscope, betrays the presence of blood in the secretion. In fifty per cent. of the cases the affection is confined to anasarca, and in the remainder effusions form in the visceral cavities. If abdominal dropsy alone exists, no very serious apprehensions need be entertained; but the case assumes a more serious aspect if serum accumulates in the pleura, because both sides of the chest are simultaneously affected; and if the pulmonary cellular tissue becomes œdematous, extreme dyspnœa must be the consequence. Œdema of the glottis is sometimes superadded, and has more than once required the performance of tracheotomy. But of all forms of serous effusion, hydrocephalus is by far the most formidable, and may give rise to comatose, paralytic, or convulsive symptoms. M. Roger remarked, that although the occurrence of convulsions must be viewed as an extremely serious complication, a recovery occurs in one-third of the patients.

The only preventive treatment of scarlatinal anasarca consists in guarding against the effects of cold, and in this respect too much caution cannot be displayed. We may therefore repeat with M. Roger, that the child must be kept a fortnight in bed, three weeks in doors, and then be permitted to take open-air exercise in fine weather only This rule admits of no exception.

The curative treatment varies according to the indications in each case. If the skin is hot, the pulse frequent, and the œdematous integument has a roseate hue, venesection is appropriate, more especially if pulmonary œdema be present. The abstraction of blood affords immediate relief, and the lancet is preferable to leeches or cupping,

which may cause erysipelas or an erythematous eruption. Bleeding from the arm is only open to the objection of being difficult of performance, but if practicable it should be resorted to, and four, six, or eight ounces of blood be abstracted. The operation may, if necessary, be repeated.

It is also desirable to promote absorption, by the exhibition of medicines calculated to act on the skin and intestines. Stimulants and diaphoretics are the most useful remedial agents; and M. Roger prefers dry friction to friction with any liquid. Flannel may be used, impregnated with vapours of benzoin, or of juniper berries, or with Fioraventi's balsam. After two or three days a vapour-bath may be prescribed every forty-eight hours, and it is useful to exhibit every day at the same time from half a drachm to one drachm of the liq. ammon. acetatis, in two or three doses, in elder-flower tea.

This is the most appropriate treatment in the acute form. In the chronic variety of the disease, unless any complication requiring blood-letting be present, diuretics, drastics, and reiterated blistering over the chest are the measures most likely to prove serviceable. If the brain is engaged, leeches should be applied to the mastoids, and counter-irritation in the shape of blisters to the nape of the neck or the thighs; hydragogues should be administered, and also from half a drachm to two drachms of nitre in the course of the day. In mild cases, M. Roger prescribes, simultaneously with vapour-baths, nitric acid lemonade, and a mixture containing from eight to fifteen grains of tannin.

Syphilis in Infancy.

M. Roger exhibited in his amphitheatre a number of children affected with syphilis, and a series of coloured plates illustrative of the principal forms of the disease in childhood. The following is a brief abstract of his lectures on this interesting subject:—

The complaint may be hereditary or acquired. In the latter instance the symptoms differ but little from those observed in the adult, except when the taint has been propagated in a peculiar manner—by lactation, for instance, cohabitation, &c.; but the Professor especially dwelt on the pathognomonics of congenital or hereditary syphilis.

The death of the child in utero and abortion are frequent consequences of the transmission of the taint to the fœtus. When three miscarriages occur in succession in the same woman, M. Roger opines that the presence of syphilis should be strongly suspected. The bodies of infants who perish under these circumstances are soft and flabby; the cuticle is detached, exposing the dark hue of the derm; and the viscera also present traces of the infection. M. Depaul has described the fibro-plastic or purulent deposits which occur in the lungs; the lobules are in a state of induration, considered characteristic by M. Alph. Guérin, and the liver presents a flinty colour and a granular aspect to which M. Gubler has called attention.

Supposing, however, that pregnancy has reached its full term, the child may present, in addition to the appearances we have enumerated, and others of a very serious character observable in the thymus and periosteum, an external symptom indicative of syphilis, viz., pemphigus. This is the only secondary eruption which is not ushered in by any premonitory signs, and, although unfrequent, is viewed by M. Roger as pathognomonic. It cannot be mistaken for simple pemphigus, which never breaks out before the sixth, eighth, or even tenth month after birth. The simple form of the disease is moreover discreet, whereas the syphilitic variety is abundant, especially over the palms of the hands and soles of the feet. The contents of the bullæ are serous in the former and puriform in the latter, in which, in addition, the hand assumes a blueish tinge and the complexion a cachectic hue; the bullæ display a tendency to ulceration, and a fatal issue occurs in eleven out of twelve cases doubtless on account of coincident visceral complications. These various circumstances supply a sufficient clue to the diagnosis of syphilitic pemphigus occurring shortly after birth.

When the hereditary taint is not thus immediately revealed by the appearance of pemphigus, no other external manifestations of syphilis occur for a fortnight. Thus, M. Cullerier has only twice in ten years observed symptomatic psoriasis in the first two or three days of extra-uterine life. The presence of the poison in the blood seldom gives rise to papular or pustular manifestations around the anus, in the inguinal region, or to specific coryza before the child is at least a fortnight old. It is doubtless a matter of some import to ascertain the period at which secondaries break out in new-born infants, but it is equally interesting to measure the interval after which they are not likely to recur, in order to be enabled to assert that any syphilitic manifestations which may subsequently be observed are assuredly the result of recent and not of hereditary contamination. Now, statistical returns demonstrate that hereditary syphilis seldom appears after the child has reached the sixth month of his life.

Of 235 instances of hereditary syphilis collected by M. Roger, the symptoms broke out in the course of the first month, and generally in the second fortnight of that month in 112; in 92 cases the secondaries appeared in the second and third months; and in 31 cases only after that date.

M. Ricord, it is true, is of opinion that hereditary syphilis may make its appearance at a much later period, and even when the subject has reached maturity; but although statements made by so eminent an authority are well entitled to confidence, still M. Roger is inclined to think that, in the cases adduced by that learned Professor, there has been some error of diagnosis, and that the contamination must have had a much more recent origin. M. Roger conceives himself, therefore, justified in asserting that if syphilitic manifestations are observed for the first time in a child of eight months, and *à fortiori* of one or two years of age, they must not be referred to a congenital, but to an accidentally acquired taint.

We may infer from these remarks that a child may be born with the poison in his system, and yet present for a fortnight the outward appearance of perfect health. Others, on the contrary, have a distressing aged aspect, and, having already reached the latest stage of secondary disease, are, indeed, at death's door. In most instances they are extremely feeble, and are sometime covered with pemphigus. When the affection sets in at the usual period, the integument assumes a characteristic dark brown hue, and at the same time various eruptions appear together with the special coryza.

This chronic irritation of the Schneiderian membrane is essentially different from that which is consequent on exposure to cold. The latter usually supervenes two or three days after the infant's birth, and coincides with epiphora and bronchitis. Syphilitic coryza at first occasions dryness of the mucous membrane and impedes the breathing; a sero-purulent secretion soon follows, sometimes tinged with blood, and containing squamæ, which indicate superficial ulceration; hence the manifestation of coryza in a new-born child requires a considerable degree of attention.

The concomitant eruptions generally consist in roseola, psoriasis of the palm of the hand and sole of the foot, and often specific onyxis. M. Roger also pointed out the frequency of mucous tubercles of the mouth and of the anal regions.

Tertiaries are seldom the result of hereditary syphilis. When appropriate measures of treatment have been resorted to in time, the symptoms which bear a resemblance to tertiary manifestations should, in general, be referred to scrofula or rachitis.

After thus briefly describing the symptoms, amongst which should be noticed frequent diarrhœa, and an unfavourable condition of the entire system, M. Roger inquired into the origin of congenital syphilis, and dwelt on the separate influence of each of the parents, and upon the joint influence of both on the disease transmitted to their offspring.

The influence of the mother in producing infantile syphilis is obvious. A woman labouring under the disease at the period of conception must infallibly communicate the taint to her child. She may not, however, be alone in fault, and the father may, doubtless, be fairly assumed to have had some share in conveying the infection to the infant. Cases are, nevertheless, on record in which the male parent

had most distinctly no part whatever in the transmission, and in which the exclusive influence of the mother was plainly manifest. The same remarks apply to cases in which the disease has been contracted during pregnancy. The free interchange of the elements of the blood between the fœtus and the mother justifies the belief that the child can scarcely escape contamination. As to the latest period of pregnancy at which a woman thus infected can transmit the disease to her infant, numerous facts have demonstrated that when the taint has been communicated to the mother after the conclusion of the seventh month, it is not, in any case, transmitted to the child.

We may now inquire what is likely to be the result when the father alone is affected with syphilis, the mother remaining free from disease? The question has given rise to much controversy, and specialists are not yet agreed as to the solution. MM. Vassal and Cullerier utterly deny that any poisonous influence is exercised under the circumstances by the father, whereas M. Trousseau throws, in most cases, the blame on the male parent; and M. Emile Vidal (Competition for the Fellowship, 1860) relates three cases in which the *exclusive* influence of the father is unquestionably demonstrated.

Facts of this description cannot, moreover, occasion much surprise, when we reflect on the resemblance of children to their father in feature, and also in morbid aptitudes, constitution, and even idiosyncrasy.

Several interesting questions arise as to the period of syphilis at which a father is likely to procreate a diseased child, also as to the possibility of transmission when, at the date of conception, the male parent is not labouring under discernible symptoms; and if mercurial treatment exhibited at this date has any, and what, influence on the embryo, and subsequently on the health of the infant? M. Ricord is of opinion that syphilis is transmissible to the embryo during the secondary stage only, a father affected with tertiary disease communicating nought to his offspring but a marked scrofulous tendency.

It is further generally conceded that paternal syphilis may be handed down to the child before any symptom has appeared on the person of the father or in the interval between two eruptions, as readily as when his body is covered with characteristic stains or pustules. Careful observation has also undeniably established the fact that a man who has apparently been perfectly cured may still, after a long interval, transmit the taint to his child. Finally, several cases on record justify the assumption that the medicines administered to the father at the period of conception are not without their influence on the health of the fœtus.

When both father and mother are contaminated, but slender hope can be entertained that their union will result in a healthy child. Its only chance of escape is that the diathesis of the parents may be of long standing, and weakened by time or by more or less protracted treatment.

Finally, when both parents are diseased, and have undergone no treatment whatever, it does not necessarily follow that all the children born of such a marriage must also inherit the taint. The first two or three infants generally perish in utero; the next child usually presents unmistakable symptoms of syphilis either at the time of its birth or soon after; but all those born afterwards are habitually healthy and uncontaminated by the morbid poison. It may also happen that a sound child is born between two which are infected, the fact being referable to what Melchior Robert terms an *armistice*, or a temporary suspension of the diathesis, or to the accidental predominance of the influence of one of the parents who happens at the time to be cured. This is not a mere supposition, and in his valuable treatise on *Infantile Syphilis* M. Diday adduces a conclusive case of the kind. A woman had been intimate with a man affected with the disease, and subsequently presented characteristic symptoms. She married another individual, and gave birth to several healthy children; but her intercourse with the former lover having been renewed, she became gravid, and bore a child who died of the consequences of a syphilitic eruption.

We shall take an early opportunity of adverting to the pathology of accidental contamination in children, and we shall conclude with M. Roger's remarks on the treatment of both the congenital and acquired forms of the disease.—'Journal of Practical Medicine and Surgery.'

THE HOSPITAL CONVENTION.

The International Congress, which has been sitting at Geneva with a view to regulate the position of hospitals and wounded in time of war, has terminated its labours.

Ten resolutions have been adopted and signed, under reserve of ratification, by the representatives of Belgium, Baden, Denmark, Spain, France, Hesse, Italy, the Netherlands, Portugal, Prussia, Switzerland, and Wurtemburg. The resolutions differ considerably from the programme first issued. They are as follows:—

"Art. 1. Ambulances and military hospitals are regarded as neutral, and, as such, protected and respected by the belligerents (as long as they contain sick or wounded). The neutrality would cease should such hospitals have a military guard.

"Art. 2. All *employés* of the hospital, including the almoners, carriers of the wounded, &c., will enjoy the benefits of this neutrality as long as there are wounded to be attended to.

"Art. 3. The persons designated in the above article may, even after occupation by the enemy, continue to perform their duties in the hospital or ambulance to which they may be attached, or withdraw to join the division to which they may belong.

"Under these circumstances, when their functions shall have ceased they will be escorted to the enemy's outposts by the army in occupation.

"Art. 4. As the *matériel* of military hospitals comes under martial law, the persons attached to those hospitals may not, on leaving, take away with them anything except what is their own personal property.

"Under the same circumstances, however, an ambulance preserves its *matériel*.

"Art. 5. Inhabitants of the country who give help to the wounded are respected and remain free. The generals of the belligerent Powers are called upon to forewarn the inhabitants of the call made upon their humanity, and of the neutrality consequent thereupon.

"Any wounded man taken into a house will be its safeguard. Any inhabitant who has taken in the wounded will not be billeted upon or submitted to war contributions.

"Art. 6. The wounded or sick are taken care of, no matter to what nation they belong.

"Those will be sent back to their homes who, after being cured, are deemed incapable of further service.

"The others may also be sent home, but on the conditions of not resuming arms during the war.

"The escorts on this service are to be respected as neutrals.

"The Commanders-in-Chief have the power to hand over to the enemy's outposts the wounded during the combat when circumstances permit it, and with the consent of both parties.

"Art. 7. A distinct flag and uniform is adopted for the hospitals, ambulances, and escorts. On all occasions the national flag must accompany it.

"A badge may also be allowed to denote a neutral, to be granted only by the military authorities.

"The flag and badge will bear a red cross on a white ground.

"Art. 8. The general details of these regulations will be settled by the commanding officers of the belligerent Powers, according to the instructions from their Governments."

Article 9 calls the attention of other Governments to this Convention, inviting them to join it. Article 10 states that the ratification of the Convention is to take place at Berne within four months, and earlier if possible.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 7, 1864.

MEDICINE IN ITS RELATIONS TO THE STATE.

It is not at all easy to understand why the Profession of Medicine should be held by our Legislators as inferior to that of the Church or the Law; for however incumbent it may be on a Government to watch over the spiritual welfare of a people, or to protect them in the possession of their property and their civil rights, it is surely also of importance to watch over the maintenance of their health by guarding them against the deleterious influences which surround them, and by teaching them the laws by which the human frame is related to the outer material world. It is useless to argue that mankind are able to take care of themselves in this respect, for experience, no less than common observation, proves that they are not; inasmuch as the elements of disease often lie lurking in the air or the water, or in the food of man, and the detection of these poisons requires the utmost refinement of analytical knowledge, such as the common people cannot be expected to possess. The danger, which is unseen, is too often, and, indeed, most generally, despised—*causa latet, vis est notissima*—and the outbreaks of disease or the inroads of death are the only popular indications of injurious influences which the eye of Science might have penetrated, and from which the finger of experience might have warned the unwary.

It is, therefore, gratifying to find that the general newspapers are beginning to insist upon the application of sanitary laws to the well-being of the community; and although their articles on the subject are now being published, perhaps *faute de mieux*, because the writers have no more exciting topic to engage their pens, yet it is better they should appear now than not at all: and even though they may fail to produce such immediate results as they might do if Parliament were sitting and the metropolis full of residents and visitors, yet the truths and, we may add, the exaggerations which they contain may produce a beneficial effect.

Without arrogating too much for the Medical Profession, we may assert that it has always been foremost, not only in combating disease when it is actually present, but also in endeavouring to avert its attacks; and its influence in the latter respect is peculiarly owing to the nature of the studies in which the practitioner of Medicine is necessarily engaged. The detection of noxious ingredients in air, water, and food is not in the province of the theologian, the lawyer, the statesman, or the architect, but in that of the physician, who, although as yet unable to apply the strict principles of analytical chemistry to the subtle miasmata which lurk in the circumjacent elements, can still apply to these mysterious agencies the same processes of reasoning which belong to the material particles with which science has made him familiar.

The revelations of mismanagement in our Indian possessions, made in a Report published more than a year ago, are only now, perhaps, known to the general public, in consequence of their appearance last week in the columns of the 'Times'; and the same Journal is also giving the benefit of its circulation to the ventilation of sanitary questions more nearly affecting the population of our own islands, and discussed in the volume lately issued by the Medical Department of the Privy Council. In the former record, the scene of which is laid in a country vast in extent, and abounding in animal and vegetable life, the ravages of preventible disease may be studied on a comprehensive scale, and the consequences of sanitary neglect may be conspicuously traced; while in the latter the subjects of discussion lie within a more narrow compass, but are no less interesting to the sanitarian, the philanthropist, and the legislator.

The causes of disease and death in our Indian army, and the means to be adopted for their removal, were fully explained by us at the time of the publication of the Report of the Commissioners; and it is to be hoped that the remarks made by ourselves and others at that period have already led to the adoption of such measures as may tend to reduce the frightful mortality which has hitherto decimated our troops, and has rendered Indian service synonymous with a life of peril and a temptation of fate. It was proved by the most conclusive evidence that, although the climate of India was, in some measure, indubitably inimical to the European constitution, yet the majority of those who suffered or sunk under disease had succumbed from the consequences of their own imprudence, or from the neglect of those sanitary laws which, whether in Europe or in Asia, it is impossible to ignore with impunity. Many as are the casualties to which the soldier is exposed in the active duties of his calling, the deaths from wounds and accidents in battle are almost insignificant in proportion to those which are due to individual excesses, or to the absence of cleanliness and of ventilation, and of other obvious precautions against the inroads of endemic or epidemic disease.

The Annual Report of Mr. Simon, the Medical Officer of the Privy Council, treats of a number of questions, many of which have been discussed in our columns, and all of which require to be impressed upon the minds of the general public, with a view to improvement in many matters of great importance in a sanitary point of view. In the first place, Mr. Simon draws attention, as he has done on many previous occasions, to the shamefully inefficient manner in which vaccination is conducted in this country, and he gives the details of an inspection of 1,143 vaccination districts in proof of the statements and arguments which he advances. Hitherto, as is too well known, his warnings, and those of the Medical Press, have been unheeded, and a preventible scourge to the community has been allowed to continue its ravages, instead of being extirpated, as it might have been, under a vigorous and effective system of sanitary legislation. The very absurd argument, that a compulsory system of vaccination would

interfere with the liberty of the subject, has been abandoned in the case of another disease which is, and always has been, under individual control; and as the Legislature, in its wisdom, has seen fit to throw the shield of its protection over our soldiers and sailors, by obviating the chances of one kind of contagion, it is only fair to hope and expect that the same protection will be afforded to our helpless infants, in guarding them against the ravages of small-pox, with its attendant perils to life, and its baneful consequences even to those who survive its attack.

The relative amount of food consumed by the poorer classes of the population, whether we include those engaged in in-door employment or in agricultural labour, and the connexion of this food-supply with the prevalence of disease, is another important topic of investigation in Mr. Simon's Report. Dr. Edward Smith, who has specially inquired into this subject, furnishes much valuable information; and founding his conclusions upon chemical and physiological bases, affords to the general public some useful hints of which they are very much in need. The ignorance of the fundamental principles of chemistry among those who regulate the diet of the poor is lamentable indeed, and involves an enormous waste of money, besides entailing an immense amount of suffering and disease. Not that we accept, *au pied de la lettre*, every chemical statement we receive, or that we believe that the human stomach and the human absorbents are nothing more or less than chemical retorts and analysing tubes; for it is an undoubted truth that the same amount of food which would be too much for the agricultural labourer may be too little for the pallid artisan working in a close and crowded manufactory. Still, *cæteris paribus*, there are certain chemical laws which cannot be ignored; and it is as hopeless an attempt, for instance, to nourish the human body with carbonaceous food, however varied, as it would be to extract sunbeams from cucumbers, as was proposed by the philosophers of Laputa. It is also very important to communicate such information as that furnished by Dr. Smith, to the effect that buttermilk contains more nutritious material than tea; but, unfortunately, Dr. Smith's practical deduction from this principle, that three-pennyworth of buttermilk amounts to twelve pints (at least in Devonshire), and that three-pennyworth of tea amounts only to a few drachms, is untrue, as far as the buttermilk is concerned. Buttermilk is by no means so cheap, even in Devonshire, as Dr. Smith asserts; and, indeed, the peasantry, in many rural districts, cannot procure buttermilk at all.

There are many other topics of great interest discussed in Mr. Simon's Report, to the consideration of which we shall revert on some future occasion.

Meeting of the German Physicians and Naturalists.—It has been determined to hold the next meeting at Giessen, from the 17th to 23rd September. The managers, Professors Weruher, Leuckart, and Vogt, of the Giessen University, assure the expected guests of the warmest reception on the part of this celebrated city.

SUMMARY OF THE WEEK.

SEWAGE AT THE SEA-SIDE.

It might be supposed that, if pure air could be breathed anywhere, it would be at the sea-side, where, if any refuse-matter were poured into the lap of Father Ocean, he would immediately engulph it, and feed with it the multitudinous subjects of his watery realm. But it seems that the officials whose duty it is to convey the sewage of the sea-side towns into the sea are doing it in a very clumsy manner in some places, and the consequence is that, in certain instances, Paterfamilias, who comes with his wife and young ones to inhale the sea-breezes and the ozone, finds that he is also inhaling at the same time the odours evolved from the imperfectly eliminated excretions of the towns. A description is given of some romantic recesses on the coast of some part of Wales, in which the explorer for shells or sea-weeds falls unexpectedly, to his great disgust, on a heap of town manure; while another sea-side visitor, as he wanders beneath the overhanging rocks, finds the diluted sewage dripping down continuously on his head. These *désagréments* have found vent in communications to the daily newspapers, and steps are being taken to remedy the evils complained of, and to discharge the sewage more effectually into the ocean; but in the meantime it is asked by some sensible people why the sewage is thus to be wasted, and the land consequently impoverished. It would really appear that in matters of chemistry the British public were still in a state of the densest ignorance, considering that they are straining every nerve to throw away the matter which, if distributed over the land, would save millions of money to the public. We are glad to perceive, however, that more sensible doctrines are beginning to prevail; and we draw attention to some extracts from a Report on the Utilisation of the Sewage (which we print elsewhere), drawn up by the Select Committee appointed to inquire into any plans for dealing profitably with the sewage of the metropolis and other large towns.

MEDICAL APPOINTMENTS ABROAD.

As the sphere of activity in Great Britain is insufficient for the full employment of our medical youth, it is gratifying to find that our distant colonies, and even foreign Governments, are offering tempting inducements to emigration. As we have remarked on a former occasion, our immense mercantile marine, both by its immediate employment of medical officers and by its opening up, in distant countries, new fields of enterprise, has helped on to fame and fortune many aspirants who might have struggled in vain to obtain a living in their native country. In some of the newly-opened ports of China, especially at Hong Kong and Shanghae, we can state from personal knowledge that many medical men have gained, in a short period, a sufficient competence to retire upon; and now we find that the Government of Paraguay, in South America, is endeavouring to secure the services of English medical officers for the service of its army. The assistant-surgeons in this army have a higher rank and a better pay than can

be attained in the British army after fifteen years' service, besides the chances of private practice. Their expenses are paid out and home, and their salary goes on from the time they embark for service to the moment they land on their return. It will be seen, under our list of appointments, that three gentlemen have been sent out for this service; and we understand that they were selected by Professor Laycock, of Edinburgh, on account of their distinguished abilities.

THE MEDICAL PROVIDENT FUND.

We beg to draw particular attention to a letter, printed in another column, addressed by Mr. R. B. Carter, of Stroud, to the many gentlemen with whom he was in communication last year, on the subject of the Medical Provident Fund. The cogent arguments adduced by Mr. Carter need no support from us, as they must commend themselves at once to the judgment of the Profession. The limitation of the proposed Fund to the Members of the British Medical Association is a most unwise and impolitic proceeding, the more especially as that Association is burdened with the incubus of an expensive and unprofitable Journal, which swallows up nearly the whole of its resources, and which, moreover, is far from acceptable to a great multitude of the members.

THE SALE OF POISONS.

A portion of the Report lately published by Mr. Simon is occupied by some observations by Dr. Alfred Taylor on the sale of poisons; and this distinguished authority emphatically informs the public that poisoning, for the purpose both of suicide and murder, is far more frequent than is generally believed, and that the deadly designs of homicide and suicide are promoted by the lax manner in which the sale of poisons is permitted. In these remarks there is a considerable amount of truth, and it is perfectly right that the public mind should be adequately informed on such points, but we doubt whether any legislative restrictions on the sale of poisons, however desirable such restrictions may be on other grounds, would materially diminish the number of murders and suicides with which we are daily horrified. With regard to arsenic, we do not see why the chemist and druggist should sell it at all, and, indeed, we do not know why he should even keep it in his shop, unless for the preparation of the arsenical solution of the Pharmacopœia; and any person coming for a pennyworth of arsenic ought at once to be suspected. If the sale of arsenic was prohibited altogether, the chemist and druggist would not suffer in a pecuniary sense, but would murders and suicides be thereby diminished? The mind bent on murderous intentions will, unhappily, never find any lack of weapons to gratify its morbid propensity, and poisons equally or more deadly than those sold by the chemist and druggist may be procured of the photographer, the confectioner, or the paint-seller; while, as daily experience too plainly shows, there are innumerable paths, besides those by poison, by which a person bent on suicide may terminate his own existence, or the murderer take away the life of his fellow-creature. By all means let the business of the chemist and druggist be supervised; but murders and suicides will not be checked by such supervision.

THE PATHOLOGY OF TETANUS.

It will be seen, in our Review of the Periodicals, that we have noticed a paper "On the Pathology of Tetanus," written by Mr. J. Lockhart Clark, who has endeavoured to trace in certain post-mortem appearances in the spinal cord the essential elements of this mysterious disease. He has figured some objects seen by him in two cases, in sections of the cord, and he supposes that they may probably be pathognomonic signs. But without in any way doubting the accuracy of Mr. Clark's observations, we do not attach very much importance to the appearances described; and we are disposed to regard them rather as coincidences, or perhaps consequences, of the affection, than as the exciting causes. Tetanus, in fact, is a malady of reflex action, and the spinal cord is only secondarily affected, the original cause of disease being in some peripheral part or organ; and although congestion may, and no doubt does, exist in the cord in such cases, yet we should no more expect a constant series of morbid appearances in the cord in cases of tetanus, than we should in cases of paroxysmal hysteria, or epilepsy, or laryngismus stridulus, or catalepsy, or many other nervous disorders in which the cord is only the medium of producing the morbid action, which originates at some one point of the periphery and manifests its morbid activity at some other. Still, we do not wish to dissuade persons from carrying out the inquiry; but if it should be found that subsequent experience does not confirm the views deduced by Mr. Clark from the examination of two cases, we shall not be surprised or disappointed at the result.

IRISH MEDICAL "MEMS."

[FROM OUR DUBLIN CORRESPONDENT.]

The condition of the Army Medical Officers has now excited the attention of the general, as well as Medical, public; the disadvantages they labour under are now fully confessed, and redress of their grievances is now all that is wanted. Yet while the Medical Press and Profession in England are vindicating the cause of their Army brothers, and are striving to secure for them the benefits which their position and service deserve, it would seem as if on this side of the Channel we held a neutral ground, and watched the conflict which is raging with apathy and indifference—yea, even more, that we grasped with avidity the position which the educated class of English students rejected with disdain, and contented ourselves with the refuse of others. If such a charge were made, there would seem to be some grounds for it, for Irish students figure almost solely in the list of competitors; and the cause of their preponderance admits of easy explanation.

A solution may be sought—first, in the natural characteristic of our race; and secondly, in the class of students from which the Profession is recruited. An Irishman with an income of 200*l.* per annum would deem himself a genuine aristocrat, and consider himself possessed of an enviable competence, and would hold as haughty a crest as an Englishman with 1,000*l.* a year; and hence, when he obtains an appointment which seemingly offers the advantages of liberal pay, a high position, and an *entrée* to society, the bait is too tempting to be refused, and it is swallowed without hesitation.

The Profession in Ireland is recruited, too, I believe,

from a different class from that in England. We are naturally fond of professions. Almost every Irish family, even of the poorest class, can boast of possessing in it a priest, lawyer, or doctor; and men rush to professions in Ireland, who, in the sister country, would hold but a poor place in the social scale—too often unfitted by previous education and association for the positions in which they are placed.

Their diploma is secured at a great sacrifice to their families; and, when they have taken it out, they must accept whatever post first offers, and the Army seems the best and most respectable. An assistant-surgeoncy is their El Dorado: the bright scarlet dress and cocked hat and feather are irresistible; it offers them a chance of mingling in a circle superior to their own, of acquiring liberal principles and polite manners, and of seeing the world; and with limited ideas of affluence and position, their aspirations never take a higher flight. But your English student generally has something to fall back on. After passing he can rest upon his oars, and watch for some favourable opening for his services; he can reject without injury to himself the offer of an Army post; and hence it arises that so few from your London schools figure in the list of candidates, and Scotch and Irish bear off all the places. London excludes itself from the competition, and without a struggle the appointments are won.

Hence, a heterogeneous collection fills up this important position; uneducated men, who would be tabooed in society of a middle class, are thrown in amongst the *élite* of the world, and we hear complaints that they are not treated with the consideration which is due to gentlemen. This is due partly to themselves, and is not to be wondered at. It is a patent fact that a man of education will make for himself a position wherever he is thrown, and will earn for himself respect and consideration; and it is an equally established fact that an educated medical man in the service is treated with honour and respect, and his friendship is sought after and prized.

Irishmen are only too willing to get the post of assistant-surgeon; and as long as the ranks of the Profession are recruited from the same class as at present, it will be always here at a premium. It only remains for the Government, if they wish to secure highly-educated men, to accede to the wishes of the public and the Profession; to make wise concessions in time, and secure for their troops the most highly-qualified men, and men who will do honour to the national institutions of our country.

From the last return of the Inspector of Births, Deaths, and Marriages, it would appear that small-pox is rife in several of the poorer localities, where the sewerage and ventilation are badly attended to. Unfortunately, in too many places, these two important adjuncts to the preservation of health were but little cared for, and the mortality rates in such districts were fearfully high. Some improvement is now to be hoped for, as the Corporation have appointed an Inspector of Sanitary Laws, who is sparing no exertions for the improvement of the poorer classes. Their choice fell upon Edward Mapother, F.R.C.S.I., who was admirably suited for the office, as his papers read before the Royal Dublin Society, "On the Sanitary State of Dublin," well proved. Since his installation in office he has delivered a course of public lectures on sanitary regulations, to diffuse amongst the people a knowledge of the benefit of cleanliness and ventilation.

A case was lately tried at Cork which possessed a peculiar interest for members of the Apothecaries' Company. The question was whether "apothecaries had a right to claim fees for attendance at coroners' inquests as 'medical practitioners.'" Judge Fitzgerald, before whom the case was tried, in summing up the evidence, said that one of the great objects for which medical men were to be employed at inquests was to make analyses. That would be the proper duty of a chemist, and more that of apothecaries, who were working chemists, than of physicians or surgeons who refuse to make analyses. The language of the General Medical Registration Act, he thought, constituted apothecaries legally qualified medical practitioners. An apothecary was not the person to make a post-mortem examination, and ought not to be so employed; but there were cases, such as inquiries into the action of medicines, in which apothecaries would be more beneficially employed than surgeons, and to conduct a chemical analysis an apothecary would be better than the surgeon or physician of the district. He thought the Coroners' Act included apothecaries, and he based their claim not alone on that, but on the Grand Jury Act. He therefore thought that it was open to the Board of Superintendence to allow a fee for the attendance of an apothecary, as being a legally qualified medical practitioner. This concluded the business of the assizes.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. GRAILY HEWITT, in continuing his "Clinical Conferences in Midwifery," now treats of the "Diet of Childbed." He first alludes to the practice generally adopted in the present day, and recommended in the text-books of Churchill, Ramsbotham, and Tyler Smith, of keeping the patient on low diet from the first; and he then proceeds to show that the practice is erroneous. The fact is that a woman after delivery is in a weak and exhausted condition, from pain, nervous excitement, and loss of blood, and she therefore requires nourishment and restoratives to repair the vital energies. As to the prophylaxis against disease being secured by low diet, this view is also shown to be erroneous, for the inflammation occurring after parturition is of a low character, usually caused by the absorption of some septic poison, and therefore promoted rather than guarded against by low diet; and as to many complications of the parturient state, as phlegmasia dolens, puerperal mania, and protracted convalescence, there can be no doubt that a low diet is injurious. Dr. Graily Hewitt therefore adopts the precepts and the example of Dr. Oldham, who administers good and abundant food from the very moment of delivery; and he quotes the views of Dr. Denman, who taught that those patients fare best, and recover most rapidly and certainly, who make the least change from their usual habits in eating and drinking. As a general rule, Denman's advice should be followed; but when the labour has been severe or long, or the constitution has been weakened in any manner, abundance of food and stimulants, especially brandy, will be imperatively required.——Mr. J. LOCKHART CLARK contributes a paper "On the Pathology of Tetanus," his object being to discover the lesions present in the spinal cord in cases of this disease. The present researches were made on two spinal cords of persons who died of tetanus in St. George's Hospital, and Mr. Clark describes and figures some peculiar appearances which he considers characteristic of the disease in question, and which have hitherto been unnoticed by pathologists. The appearances consist of granular exudations, sometimes deposited around the blood-vessels, and sometimes arranged in the form of globular masses or rings arising from injury and displacement of the white substance of adjacent nerve-fibres. Mr. Clark proposes a mode of treatment for tetanus, founded, as he believes, on rational principles, but the theory of which is not made very clear, and he invites the further attention of the Profession to the

post-mortem appearances in the spinal cords of tetanic patients.——Dr. T. CHAPLIN continues his paper "On the Fevers of Jerusalem," giving an account of their nature, causes, and treatment, as observed by himself in the years 1861, 1862, and 1863. His present subjects are the severe remittent fever and the Syrian fever. He describes Syrian fever as a most variable disease, so that it is scarcely possible to include all its modifications in a general description. He knows nothing of the morbid anatomy of the affection, as post-mortem examinations are impossible in the present state of feeling in Jerusalem; and as to the nature or type of the fever, he regards it as a mixture of true ague with true remittent fever, or even doubts whether it is not really a continued fever *accompanied by a succession of periodical paroxysms.* The fever does not appear to be a very dangerous one, if it is treated early and excessive bleeding is avoided. Quinine will not cure the disease, and hence the diagnosis may be formed that it is not true ague; but this remedy is very useful after the fever has abated. Dr. Chaplin recommends purging, in the first instance, in treating the Syrian fever; and emetics may be employed when the tongue is coated, and afterwards diaphoretics and antimonial wine. Bleeding is generally contra-indicated, but in certain cases, where there is great heat and a full pulse at the onset of the disease, the abstraction of a small quantity of blood may be useful.——Mr. RICHARD ELLIS contributes some notes of a "Case of Poisoning by a Large Dose of Oxalic Acid, followed by Recovery." The patient appears to have taken two ounces of the poison in a pint of small beer, but the treatment was commenced within thirty minutes afterwards, and consisted in the administration of copious draughts of chalk-and-water, and the subsequent washing out of the stomach by tepid water.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. FINCHAM, of the Westminster Hospital, publishes a clinical lecture "On a Case of Aneurism of the Thoracic Aorta." The patient was by occupation a painter, and for some months previous to his admission he had suffered from pain in the back and chest, which was aggravated by pressure on these parts, and which had been steadily growing worse. It was a shooting pain, and was intensified by the swallowing of food, or by moving the body or any part of it. There were nausea, sometimes even vomiting, slight cough, scanty expectoration, and at times a sensation of fainting. Pulse 100, and uniform at both wrists. Emaciation had taken place to a great extent. Dr. Fincham inculcates the necessity of ascertaining as many as possible of the objective symptoms before we proceed to find out the subjective. Some of the symptoms of this case led to the supposition that there was organic stricture (probably from scirrhous disease) either at the pharyngeal or the cardiac extremity of the œsophagus; but, on more minute inquiry, such an opinion was laid aside, especially because the pain created by swallowing was experienced along the whole of the gullet, instead of at one particular point. Left side of chest was equally resonant with right, but had the respiratory murmur more feeble; while on the right side there was puerile respiration. By a careful collation of symptoms, the true nature of the affection was discovered. There were in favour of its being an aneurismal growth—first, the comparative frequency of such tumours; second, the duration of the symptoms; third, the freedom of the heart from any abnormal sounds or actions; fourth, a pulsation distinct from that of the heart perceptible over the cartilage of the fifth rib; fifth, a systolic murmur also distinct from the heart's sounds audible in the third intercostal space, about midway between the right nipple and the sternum. Opiates gave to the pain only temporary ease, the cough became more troublesome, and a croupy sound attendant upon inspiration supervened at a late period in the history of the sufferer. Death resulted a few hours after a large quantity of blood had been vomited.——Mr. LAURENCE continues his lectures "On the Optical Defects of the Eye," "Pathological Optics" being the subject of the present discourse. A system of classification, founded upon the refractive condition of the eye when at rest, is proposed; and further on in the paper the author of it gives observations upon the equi-concave glass lens, and illustrations of his meaning.——Dr. CHAPMAN contributes an interesting article "On the Nature and Treatment of Sea-Sickness." He considers the cause to be disturbed action of the excito-motor or reflex functions of the spinal cord, owing to an undue amount of blood in the nervous centres along the back, and especially in those segments of the spinal cord connected with the stomach and the muscles which preside over vomiting. This over-filling of the nerve-centres with blood is occasioned by the peculiar motion of the vessel—first, through the brain; secondly, through the ligaments of the spinal cord; and, thirdly, through the abdominal and pelvic viscera. The plethora of the vessels of the nerve-centres causes over-stimulation of the spinal cord, then too great excitation of it, and, as a consequence, confusion and derangement of its wonted action. First, then, cerebral movements are a source of sea-sickness; and this arises from a want of the usual amount of cerebro-spinal fluid, or from an unnatural susceptibility to the perception of shocks or concussions, or from an alteration in the quantity of the circulating fluid, or from a rising and sinking of the brain-substance according to the motions of the vessel. Movements of the spinal cord, likewise, are instrumental in causing the sickness, these movements being synchronous with those of the vessel, and causing a series of jerks or concussions to the spinal cord through the medium of its inner sheath, especially along the line of the ligamenta denticulata. Movements of the viscera are likewise a source of sea-sickness and of the diarrhœa attendant upon it. The physiology of the action of these three great causes is more minutely considered than we can here enter upon.——Dr. BOULTON has published "A Case of Ovarian Disease in which Ovariotomy was not performed," because of the extent of adhesions within the pelvis and to the abdominal wall. Mr. Spencer Wells had given this opinion during the life of the patient, and the post-mortem examination showed the accuracy of his diagnosis.

REVIEW OF BOOKS.

The Essentials of Materia Medica and Therapeutics. By Alfred Baring Garrod, M.D., F.R.S. Second Edition, revised and much enlarged. Pp. 391. London: Walton and Maberly. 1864.

In a preliminary note appended to this volume, we are informed that it has been considered desirable to make two separate books of the work, originally commenced by the same author under the title of 'Medicines: their Nature and Value in the Treatment of Disease,' and that the present 'Essentials of Materia Medica and Therapeutics' form the first of the contemplated volumes, the second of which will complete the original idea, and will be devoted exclusively to the consideration of the value of medicines in the treatment of disease.

Dr. Garrod's work is intended to serve as a text-book of Materia Medica, and is short and concise, omitting nothing which is of importance, but avoiding unnecessary details and all controversial matters. All the points connected with the officinal preparation of medicines have been included, but only so much information is given as to the therapeutic action of drugs as may serve as a guide in actual practice. Those, therefore, who have been accustomed to the bulky tomes on Materia Medica which were formerly issued to the Profession will perhaps be surprised at the limited size of Dr. Garrod's book, and at the very brief and succinct manner in which the different topics are handled; but as we cannot help feeling, in the case of our present somewhat exuberant medical literature, the truth of the adage μεγα βιβλιον, μεγα κακον, at least as far as the student is concerned, so we are not disposed to find fault with Dr. Garrod's brevity, especially as it cannot be said of the author "*brevis esse laboro, obscurus fio.*" The fact is, that the descriptions are lucid enough, although short; and space has been saved by the omission of a great multitude of chemical, botanical, zoological, and therapeutical details, with which other treatises on the same subject are generally filled. Dr. Garrod also omits all attempts at classifying remedies according to their real or supposed physiological actions, and he plunges at once *in medias res* by describing the weights and measures of the British Pharmacopœia, and the peculiarities and modes of preparing the different forms of pharmaceutical preparations — as waters, confections, decoctions, extracts, infusions, &c.

The arrangement of the articles of the Materia Medica is made primarily to rest upon their position in nature, as they belong, respectively, to the mineral, the vegetable, and the animal kingdom; and then they are each described in succession, the alphabetical order being observed in the case of the mineral substances, and the vegetable and animal bodies being grouped according to their natural affinities. The novelties introduced into the British Pharmacopœia are of course introduced, but many substances are described which, although in use among many practitioners, are not included in that volume.

One portion of the British Pharmacopœia which has not yet received the commendation it deserves, is the list of test-solutions which are given for making the quantitative and qualitative analyses of substances used as medicines, and which undoubtedly ought to be kept by all pharmaceutists and by practitioners who dispense their own drugs. Such are, for instance, the solutions of the ammonio-nitrate of silver and the ammonio-sulphate of copper, for testing arsenious acids; solution of bichloride of platinum, for testing the presence and absence of potash; solution of chloride of tin, for precipitating mercury from its combinations; solution of ferrocyanide of potassium, for the detection of the salts of iron and copper; sulphuretted hydrogen gas, for precipitating the sulphurets of many of the metals, &c., &c. These solutions are all described in Dr. Garrod's work, together with an explanation of their more important applications. Another valuable feature in the British Pharmacopœia is the list of what are called volumetric solutions, the use of which is in the determination of the strength of certain elementary and compound bodies by the quantity of the solutions which they neutralize. Thus, for instance, the volumetric solution of nitrate of silver is made of such a strength that one hundred measures contain seventeen grains of the salt; and it is used for determining the strength of hydrocyanic acid. When nitrate of silver is added to a solution of this acid, to which an excess of soda has been added, it gives rise to the formation of a double salt, consisting of cyanide of sodium and cyanide of silver, which is at first precipitated, but redissolved on shaking. When all the hydrocyanic acid is withdrawn in the formation of this double cyanide, nitrate of silver gives rise to a precipitate no longer soluble; and thus it is shown that all the cyanogen is exhausted. In practice it is found that seventeen grains of nitrate of silver will correspond to 5·4 grains of absolute hydrocyanic acid.

A posological table, the absence of which in the British Pharmacopœia has been a somewhat unreasonable ground of complaint, is given by Dr. Garrod; and we think that little fault can be found with the doses which he describes. The higher doses are somewhat larger than those which practitioners have been accustomed to prescribe, but experience has shown that medicines may be administered with safety in larger quantities than was once supposed. There must also exist great latitude in this respect, on account of idiosyncrasies, of habit, of the nature of a particular malady, and other circumstances which can only be determined by the observation of individual cases.

Some typographical errors have been allowed to escape notice in Dr. Garrod's book. The Physostigma venenosum is written *Pysostigma venosum* (p. 189); the Colutea arborescens is written *Colatea* (p. 191); the Sambucus nigra is written Sambucus *niger*, and its Linnæan class is written *Petandria*, instead of Pentandria; and the stag, Cervus elaphus, is decribed as Cervus *elephas* (p. 322), the Greek word for a stag being ελαφος, while ελεφας means an elephant.

SCIENTIFIC ARTICLES.

ON DIGITALINE.

By M. LEFORT.

The following account of the two foreign digitalines met with in commerce will be of interest to English readers, since this country is, we believe, entirely supplied with the article from Continental sources:—

1. *German, or Soluble Digitaline.*—This is said by the author to be made by Merck, of Darmstadt. It is of a yellowish white colour, neutral to test paper, completely and readily soluble in water and alcohol. It is, on the contrary, but slightly soluble in ether, sulphide of carbon, and benzole. Tannin completely precipitates it from an aqueous solution. In one particular it will be seen, that of solubility in water, this article differs essentially from that described in the British Pharmacopœia.

When the powder is dropped into hydrochloric acid it immediately dissolves, forming a yellow solution, which gradually turns brown and finally becomes green. The green colour, however, is less bright than that given by the insoluble digitaline to be presently described, and the solution also remains transparent longer.

As the green colour is developed the solution becomes turbid, and emits an odour resembling that of powdered digitalis or the tincture, and deposits a brown substance, which seems to be a compound of digitaline or of one of the principles accompanying with hydrochloric acid.

When exposed to the vapour of hydrochloric acid this soluble digitaline turns rapidly brown, but exhibits no green colour.

Examined by a microscope with a high power the powder is seen to consist of small semi-transparent fragments, sometimes presenting sharp edges, but of no definite crystalline form. An alcoholic solution evaporates spontaneously to a clear varnish, and no trace of crystallisation can be observed.

2. *French, or Insoluble Digitaline.*—The colour of French digitaline varies from a yellowish white to a bright yellow.

It is but very slightly soluble in cold water, a litre only dissolving about 0·50 gramme; it is very soluble in alcohol. Sulphuric ether, sulphide of carbon, and benzole dissolve a small quantity; tannin precipitates it from a saturated aqueous solution.

The powder dropped into hydrochloric acid gives a yellow solution which, in a few minutes, passes from a bright to a deep green, according to the quantity of digitaline employed; but as the green tint is produced, a deep green-coloured substance is deposited, and a smell of digitalis is evolved.

When exposed to the vapour of hydrochloric acid it is first coloured yellow, then brown, and afterwards green, the characteristic smell of digitalis becoming very apparent. The green powder (like the fresh powder of foxglove leaves) becomes partially decolorized by exposure to sunlight, but the colour can be restored by another exposure to the vapours of the acid.

This last reaction suffices to distinguish between soluble and insoluble digitaline, and the author considers it sufficient to prove the presence of the latter.

An alcoholic solution of French digitaline (Menier's), left to evaporate spontaneously, and then examined by the microscope, showed a multitude of small spots, sometimes round and sometimes oval, which gave to the residue the cellular aspect of organized structure. This appearance the author considered to support the opinion of Homolle, who supposed that insoluble digitaline was never a single and constant product; and he, in fact, determined that French digitaline contained some volatile matter which communicated its characteristic odour.

The whole of M. Lefort's experiments showed that French and German digitaline differ considerably in their chemical and physical properties, and he is disposed to infer that as great differences may be found in their therapeutical properties.

With regard to the separation of digitaline by means of dialysis, the author found that a simple solution of the substance dialysed, and the digitaline could easily be found in the diffusate. But when a mixture with animal and vegetable substances was placed on the dialyser, the deposit obtained on evaporating the diffusate gave but indistinctly the characteristic reactions of digitaline. Among these characters the most conclusive appear to be the bitterness of taste, the green colouration of liquid hydrochloric acid, and the development of the peculiar odour of digitalis on exposure to the vapour of hydrochloric acid.—'Chemical News.'

GENERAL CORRESPONDENCE.

THE MEDICAL PROVIDENT FUND.

The following letter has been addressed to the numerous gentlemen who were in communication with Mr. Carter last year on the subject of the Medical Provident Fund:—

"Stroud, Gloucestershire,
"Sept. 1st, 1865.

"DEAR SIR,—The time has at length arrived at which I can make to you a definite report on the subject of the proposed Medical Provident Fund.

"In the summer of 1863, I had already obtained the necessary statistical information, and hoped to see the Fund speedily established, when I was informed that Dr. Richardson, at the Annual Meeting of the British Medical Association, was about to move for a Committee to inquire into the whole subject. In consequence, I attended the Meeting at Bristol, and my name was added to the list of the proposed Committee, which was directed to report to the next Meeting of the Association at Cambridge.

"Feeling sure that affiliation to the British Medical Association would be highly beneficial to the Provident Fund, and feeling also that the report of the Committee would deservedly carry far more weight than the labours of any individual, I willingly ceased from independent action in the matter, and gave all the assistance in my power to the framing of the Committee's report. With that report I am well satisfied in all respects but one; with regard to which I appended my individual protest against the views of my colleagues. The report and protest have been published in the Medical Journals, and have doubtless already fallen under your notice.

"The report was adopted by the Association; and Dr. Richardson was appointed Chairman by the vote of the Annual Meeting. At an early Meeting of the Committee of Council the Council Directorate will be chosen, and the various Branches will be called upon to elect their Directors. When this is done, the Board will be fully constituted; and will be in a position to admit members, with a view to the commencement of sick payments in July, 1865.

"The first duty of the Board, however, will be to decide points left open by the report, and consequently left open by the vote of the Annual Meeting. First among these questions will be the subject of my protest—namely:—'Shall the Provident Fund be open to all members of the Profession, or shall it be limited to members of the British Medical Association?'

"The majority of the Committee, who were and are in favour of the limitation, regarded the matter from an Association point of view. I mean that they are old members of the Association, that they have laboured for it in various ways for many years, that they are proud of its progress, and hopeful of its future. They think that it will become an important political engine for the elevation of the Profession, and a power that the Circumlocution Office will not be able to ignore. They think that the Provident Fund will strengthen the Association; and they therefore welcome it for the sake of the Association, rather than for the sake of the men who will chiefly need its help. I, on the other hand, and those who think with me, while we should rejoice to see the most sanguine anticipations of the friends of the Association realized, yet feel that there are many practitioners whom sickness would render destitute. There are men of small capital striving to establish themselves; there are qualified assistants who aid in maintaining widowed mothers or younger brothers and sisters; and there are established practitioners who, from local circumstances, are almost precluded from earning incomes sufficient for their needs. I conceive that it would be an act of cruelty to call upon such men to subscribe an annual guinea to the British Medical Association, before admitting them to become members of the Provident Fund.

"But as many of my colleagues in the Committee differ from me, and think that such a call ought to be made, I am tempted to ask what return the guinea will bring. The political and other anticipated benefits are not yet realized. The meetings, and speeches, and dinners are necessarily limited to men in comparatively easy circumstances; and the less affluent members receive for their subscription only a copy of that Journal upon which about ten-elevenths of the income of the Association are expended; and which must always, from the operation of commercial laws, be inferior to its contemporaries that are maintained by private enterprise. The present deplorable position of the Journal, and its recent advocacy of superficial attainments and of trading greed, although they cast some reflected discredit upon the Association, are yet mere accidents, due to causes that are temporary, or, at least, that admit of being removed. Still, the fact that such accidents are possible, that they have occurred, and may recur, increases the hardship of asking any man to pay for a publication that may offend his taste and judgment in every number, and that he cannot discontinue without forfeiting his right to obtain provision during sickness.

"I apprehend, however, that the organization of the Association, apart from the Journal, would be of great value to the Provident Fund, and I think that the subscribers to the Fund should be prepared to pay for the use of that organization. I would suggest, therefore, that every subscriber to the Provident Fund should contribute two shillings a year to the executive expenses of the Association generally:—that being rather more than the proportion of the ordinary subscription that is not absorbed by the Journal;—and that the Board of Directors should

applied to, as soon as formed, to admit subscribers upon such a basis.

"That such a proposal may be acceded to, those who are in favour of it must bestir themselves. They must endeavour to procure the election, by the Branches in their respective neighbourhoods, of Directors who will support it at the Board; and they must seek to obtain the names of practitioners who wish for admission on the terms proposed. I should like the directors to consider the question of limitation, under the pressure of 200 or more applications from gentlemen who are not members of the Association, and who are prepared, in the event of being refused, to establish a separate fund of their own. From all such I shall be most happy to receive communications.

"I have observed in the Journals some letters criticising the Report of the Committee, and suggesting various improvements. To all these letters there is one reply. The suggestions of the writers are usually practicable—at an increased rate of subscription. There is no reason why the Provident Fund should not extend its operations in many ways; but it is best to begin cautiously, and to wait for experience before attempting too much.

"I am, dear Sir,

"Yours very faithfully,

"ROBERT BRUDENELL CARTER, F.R.C.S."

UTILISATION OF SEWAGE.

The following are the principal portions of the report of the Select Committee appointed to inquire into any plans for dealing with the sewage of the metropolis and other large towns, with a view to its utilisation to agricultural purposes:—

"Your committee has come to the conclusion that it is not only possible to utilise the sewage of towns, by conveying it, in a liquid state, through mains and pipes to the country, but that such an undertaking may be made to result in pecuniary benefit to the ratepayers of the towns whose sewage is thus utilised.

"The benefit may, in a few years, be greatly increased; for the amount of artificial manures is even at present insufficient, and the sources whence some of the most important are obtained will, in a few years, be exhausted. Other means of fertilising land must, therefore, be resorted to.

"Your committee, having examined the chairman and engineer of the Metropolitan Board of Works, are of opinion that more might have been done by that board towards the profitable use of the sewage of London; and that the completion of the outfall sewerage of the metropolis ought, at the earliest possible moment, to be followed by the adoption of a system that may convert that sewage from a nuisance into a permanent and increasing source of agricultural fertility.

"There can be no doubt as to the injury which results from the practice of conducting sewage and other refuse matters into the rivers, from whence numerous towns, villages, and country populations derive their water supply.

"It is imperatively necessary that such a practice should be discontinued. No efficient artificial method has been discovered to purify, for drinking and culinary purposes, water which has been once infected by town sewage. By no known mechanical or chemical means can such water be more than partially cleansed; it is always liable to putrefy again. Processes of filtering and deodorisation cannot, therefore, be relied upon to do more than mitigate the evil. Water which appears perfectly pure to the eye is sufficient, under certain conditions, to breed serious epidemics in the population which drinks it.

"If the sewage of towns is no longer to flow into rivers, the only alternative which remains is to dispose of it on the land.

"The removal of house refuse to the land would now be much easier and cheaper than it was formerly, because carriage by suspension in a liquid is the cheapest mode of transport.

"Dwelling-houses in the metropolis and many parts of England have already been freed, which has caused the increasing pollution of rivers. This latter evil is becoming worse every year in proportion to the adoption of a better water supply, of a more perfect system of house drainage, and the increase of the population. Dr. Acland and other witnesses believe that rivers can be effectually freed from pollution only by extending the Local Government Act to entire watersheds. They furthermore hold that it should be the duty of the Home Secretary to see that the law as to the pollution of streams is strictly enforced by those watershed boards.

"We recommend that the important object of completely freeing the entire basins of rivers from pollution should be rendered possible by general legislative enactment, enabling the inhabitants of such entire districts to adopt some controlling power for that purpose; but it should include a provision for compelling local boards to render the sewage of their districts innocuous by application to the land for agricultural purposes. The case of the valley of the Thames (where the purification of the river, which has been sought by the expenditure of enormous sums, is, to a considerable extent, counteracted by the increased discharge of sewage from towns higher up the stream) requires special and immediate attention."

MEDICAL NEWS.

UNIVERSITY OF ABERDEEN.—The following candidates, after the usual Examinations, have received degrees in Medicine and Surgery during the present year:—*Degree of M.D.*—Samuel Davidson, A.M., Wartle, Rayne; George Dickson, L.R.C.P. and S., Edinburgh; William Gregory Van Dort, Colombo, Ceylon; and John Gray M'Kendrick, Aberdeen (honourably distinguished); James Copland, A.M., Edinburgh; John Dunlop, L.R.C.P. and S. (Ed.), Lanarkshire; John Fraser, Granton; James Andrew Sandilands Grant, A.M., Methlick, Aberdeenshire; William Grant, Methlick; James Foote Henderson, Aberdeen; James Alexander Innes, Banff; Alexander Johnston, Aberdeenshire; James Ledingham, A.M., Aberdeen; William Burnup Leslie, Aberdeen; John Robson, Perthshire; William James Smith, Kintore; Charles James Trenerry, M.R.C.S., Gibraltar; Alfred Harold Wheldon, India; George Charles Henry Wigan, M.R.C.S. Eng., L.A.C. Bristol; George Yeats, Aberdeen.

At the same time, James Ross, M.B. (highest honours) and C.M. (highest honours), Aberdeen; William Paterson, M.B. and C.M. (honourably distinguished), and James Clark, M.B., Aberdeen, were promoted to the degree of M.D.—*Degree of M.B.*—George MacIver Campbell, A.M., Old Aberdeen; Robert Alexander Farquharson, A.M., Ballater; and Andrew Skeen, A.M., Tarland, Aberdeenshire (honourably distinguished); George Andrew, A.M., Huntly; Fredk. Page Atkinson, L.R.C.P.E., M.R.C.S., L.S.A., Kew, Surrey; Theunis Johannes Botha, Cape of Good Hope; Charles Forbes Buchan, A.M., Kincardineshire; Charles Burnett, Alton, Hants; Stewartson Clark, New Pitsligo; James Davidson, A.M., Strichen, Aberdeenshire; Alexander Duncan, A.M., Aberdeen; James Hector, Aberdeen; Robert Keith, Keith-hall; Robert Davidson Kemp, Aberdeen; Benjamin Knowles, Aberdeen; John Knox, L.R.C.S.E., Tyrone; Godfrey Alexander Macrae, North Uist; Alexander Minty, Kinnethmont; John Murray, Woodside; William Paterson, A.M., Aberdeen; Archibald George Robertson, Edinburgh; William Robertson, A.M., Aberdeen; Robert John Scott, Beverley, Yorkshire; Peter Shepherd, Leochel-Cushnie; William Henry Stewart, Grantown; George Thomson, Aberdeen; Thomas Watt, A.M., Aberdeen.—*Degree of C.M.*—Robert Alexander Farquharson, Benjamin Knowles, and Andrew Skeen (highest honours); Frederick Page Atkinson, George MacIver Campbell, Samuel Davidson, William Gregory Van Dort; William Gray M'Kendrick, William Paterson, William Robertson, and Robert John Scott (honourably distinguished); George Andrew, Theunis Johannes Botha, Charles Forbes Buchan, Charles Burnett, Stewartson Clark, James Copland, James Davidson, John Fraser, James A. S. Grant, William

Grant, John Gray, James Hector, James Foote Henderson, James Alexander Innes, Alexander Johnston, Robert Keith, Robert Davidson Kemp, Robert Ledingham, William Burnup Leslie, Godfrey Alexander Macrae, Alexander Minty, John Murray, Archibald George Robertson, Peter Shepherd, William Jas. Smith, William Henry Stewart, William Sutherland, George Thomson, Charles James Trenerry, Thomas Watt, Alfred Harold Wheldon, George Charles Henry Wigan, George Yeats.

And at the late Graduation Term, the following were declared to have passed part of their Examinations:—William Scott Aitken, George Henry Anderson, Thomas D. Atkins, William Sharp Birnie, Arthur Woolsey Blacklock, William Center, Alexander Dyce Davidson, Owen Evans, James Farquharson, Alfred John Freeman, John Smith Fowler, George Garvin, Alexander Gibb Grant, Robert Grant, John Thomas Hughes, David A. Kerr, Joseph P. Lackerstein, Alfred Swaine Lethbridge, William Mackintosh, George Maconachie, William Macrae, Andrew A. Macrobin, William M'Donald, Donald M'Ewen, John Stuart M'Gowan, Thomas Milne, Douglas Moir, David Nicolson, Jas. Rodger, James Alexander Skene, Francis Snaith, Edward Sutcliff, James Taylor, Frederick John Wadd, William Abram Walker, William Leaven White, James Williamson, Horace Winboldt.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received certificates to practise on Thursday, August 25, 1864:—Shephard Thomas Taylor, Argyle square, St. Pancras; Anthony Charles Colborne, Tachbrook street, S.W.; Joseph Johnson, Hogsthorpe, Lincolnshire; Edwin Turner, Hampstead, Middlesex.

As an Assistant:—William Williams Mildren, Hayle, Cornwall.

The following gentlemen, also on the same day, passed their First Examination:—William Knight Treves, St. Thomas's Hospital; John Williams, University College.

MAP AND CENSUS 1861.—All of us have a lively recollection of an inquisitorial government paper being left at our residences in April, 1861, requiring our christian and surname, profession, and age; from which even the fair sex were not exempt. This collection was for the weal of the State, but are now agreeably surprised at the same being placed before us in a personally interesting form. This manipulation of otherwise dry figures has been brought out in the form of a Map of England, that shows on the railways the various towns, with the population according to the last census; the counties are tinted and their names prominently coloured, so that the ready student, or the interested rustic, instantly traces his native place, the rail by which it is reached, and the number of the human family there located. In addition to this instructive information, we observe that "he who runs (or rides) may read" against each place the name of the agent of Messrs. Horniman, who have caused this map of such wide-spread utility to be prepared, and exhibited for public view at the various railway stations throughout the kingdom.

UNIVERSITY OF PARIS.—D. H. Hodgkinson, M.A., M.D. of Trinity College, Cambridge, was received Docteur en Médecine de la Faculté de Paris on the 17th ult.

MILITIA HOSPITAL, NEW ZEALAND.—The militia authorities at Auckland have decided on greatly enlarging the militia hospital. At present many of the patients have to be housed in tents in the rear of the present building. A great many patients have been received with low fever and dysentery; but the largest number are men in a debilitated state of health, requiring good food, rest, and strengthening medicines. Of all these we are glad to learn that the supply is most abundant. The regular medical attendants are Drs. Goldsbro', Sam, and Carey.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 7.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 8.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 9.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 10.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 12.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, SEPT. 13.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Dr. Hunter's Letters on Diseases of the Throat, Larynx, and Lungs. London: C. Mitchell and Co., Red Lion court.
The Pharmaceutical Journal for September.
The Social Science Review, September.
Army Medical Department.—Statistical, Sanitary, and Medical Reports for the Year 1862.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
R. Bryden, Esq., Tiverton	0	5	0
H. Stear, Esq., Saffron Walden	0	10	0
F. F. Welsh, Esq., ditto	0	10	0
G. D. Niven, Esq., Clifton	2	2	0
E. Richardson, Esq., Whitechapel	0	10	0
Amount previously announced	53	3	6
Received at the 'Lancet' Office	3	11	0

Yours obediently,
ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
August 31, 1864.

MR. R. BRUDENELL CARTER'S letter is inserted.

INQUIRER.—The great controversy as to the real Harvey who discovered Bantingism is of the very least possible interest to the Medical world, inasmuch as the principles of the so-called system might have been laid down by any well-educated Medical practitioner. The honour, however, such as it is, belongs to Mr. William Harvey, of Soho square.

MR. R. S.—Dr. Clay, of Manchester, has, in one case, removed the whole of the uterus and its appendages with perfect success. The disease consisted of a mass of fibroid tumours.

MR. J. D., *Cambridge.*—The letter has been received, and the mistake has been rectified.

DR. J. H.—A Medical practitioner does not require a licence from the Commissioners in Lunacy in order to receive *one* nervous patient, but if he takes two or more of such patients he renders himself liable to prosecution for a misdemeanour. If he can prove, however, that the patients are not insane, he will obtain a verdict in his favour. Even if he receives *one* insane patient he need not take a licence; but the insanity must be certified in the usual manner, and he should communicate with the Commissioners.

MR. WM. PRETTY, *Lower Norwood.*—The cases are in type, and will appear next week.

Our article on the BRITISH PHARMACOPŒIA and several other communications are unavoidably postponed until next week.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 136.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Retention of the Membranes.—A small portion or the whole of the membranes may be torn away from their attachment to the placenta, and left either partially attached to the uterus, or loose in its cavity. The accident is very liable to occur, if the placenta be pulled quickly away, or if it be suddenly expelled into the bed during a strong contraction. The best way of bringing the membranes away entire is stated in the tenth precaution, and it should be followed out in every case. Retention of the membranes sets up hæmorrhage by preventing the due contraction of the uterus. In some instances, the flooding is violent; more often it occurs in the form of draining, which continues for several days. Hæmorrhage is generally the first, but not the only danger incurred; after a few days, as in disrupted placenta, irritative fever sets in from decomposition of the retained mass.

Diagnosis.—If, during the extraction of the placenta, a portion or the whole of the membranes were felt to tear off, the cause of the hæmorrhage will be at once evident. The next most certain indication is the absence of the membranes on examining the placenta. If the case has not been seen for some hours after delivery, and the placenta has been destroyed, we must be satisfied with knowing that the hæmorrhage is due to the presence of something in the cavity of the uterus, from the frequently recurring after-pains, and the more or less tender condition of the uterus.

Treatment.—The retained membranes should be removed, if it be possible without much risk, by the introduction of the hand or by means of one or two fingers. Although, in most cases, the membranes are lying detached from the walls of the uterus, they cannot be expelled by external pressure as clots sometimes may be. The absence of the membranes from their usual attachment to the placenta is not a certain sign of their being retained, unless there is also hæmorrhage; for I have seen several cases where the placenta has come away without the membranes being attached to it, and yet the patients have recovered without a single bad symptom. I do not pretend to be able to explain in all the cases what has become of the membranes; but the interrupted recovery of the patients I have observed so often, that, in consequence, I now carry out the following practice:—If I feel convinced that the membranes have been left in the uterus, from having felt them first resist and then break off, I do not wait for flooding to begin, but introduce my hand forthwith, and remove them; if, on the other hand, I only suspect that the membranes are retained from their not having come away attached to the placenta, I do not consider myself justified in introducing the hand until some untoward symptom, such as hæmorrhage, presents itself. When the membranes cannot be removed, the same treatment should be followed as for disrupted placenta. A vaginal examination should be gently made daily, to see whether any portion of the membranes is protruding through the os uteri; if so, an attempt should be made to remove them by slowly drawing down the protruding piece, either with the fingers or a speculum forceps.

Illustrative Cases.

I.—I was called to see this patient by one of the pupils of the Dispensary on account of post-partum hæmorrhage, to arrest which he had tried cold, pressure, and ergot, with only temporary success. On external examination, I found the uterus was large and tender. The patient was constantly complaining of afterpains, so that it was clear that there was no inertia, and from the bulky and painful condition of the uterus that there was something within it that ought to come away. On examining the placenta, it was found to be perfect, but the entire membranes were absent. I then passed my hand into the uterus, and removed quite a handful of membranes. The hæmorrhage was arrested, and the patient felt immediate relief from the afterpains, and recovered well.

II.—The following occurred in my own practice:—Mrs. L., æt. twenty-one, a fine, healthy woman, was delivered of her second child after an easy labour of six hours' duration. The placenta came away readily by traction in about fifteen minutes, and I allowed it to drop as usual into my left hand. I then passed the index finger of the right hand to coax down the membranes. The tail end resisted considerably, and, notwithstanding every care, tore off. As the piece left behind was small, I thought it best at the time to leave it alone, but very sorry I was afterwards that I did not remove it. For the first three days the loss of blood was very great; a constant draining kept on during that time, with the expulsion every now and then of small clots. Two days after labour the discharge became offensive, and of course was accompanied by irritative fever. I made a vaginal examination every day, but could feel nothing of the retained piece of membrane until the fourth day, when I found it lying at the upper portion of the vagina, and it was easily removed. The constitutional disturbance did not abate for some days after, and it was nearly a month before she left her bed. She was fortunately a very strong young woman and could spare a considerable loss of blood, or otherwise, I doubt whether she would have fared so well as she did.

Having now considered the various causes of post-partum hæmorrhage which occurs before the delivery of the placenta, or the membranes, I shall go on to speak of those which set up flooding after the birth of the placenta. Before commencing the subject of inertia, it will not be uninteresting to study the means which Nature employs, in ordinary cases, to prevent the escape of blood from the uterine sinuses, and also to endeavour to explain what becomes, after delivery, of the blood which flows through the uterus, prior to the commencement of labour. The escape of blood through the uterine sinuses is said to be prevented by clots plugging up the open mouths of the veins, and contraction of the muscular structure of the uterus. Some medical men set a high value on the little clots, and give strict injunctions to be careful not to dislodge them in any way. I must confess I have very little faith in their power of arresting the flow of blood. When the uterus is in a state of complete inertia, I do not believe these little clots have the slightest effect in preventing the blood from escaping; and when the organ is in a properly contracted condition, they must be quite unnecessary. Contraction of the uterus, on the other hand, is an admirable means for preventing the escape of blood after delivery. It is rendered perfectly adequate for that purpose by the round-about way the vessels take through its structure before they arrive at the uterine sinuses. If the spermatic and uterine vessels were to pass directly from the abdominal aorta into the fundus, they would arrive almost at once at the open mouths of the veins, and the result would be, that the contraction of the small amount of muscular tissue, through which the vessels would have to traverse, would not prove sufficient to stem the force of the current of blood. The vessels, however, enter the uterus below the fundus. The spermatic vessels pass along the broad ligament into the uterus, and then a part of the branches ascend to the uterine sinuses, the rest descend to join the uterine vessels. The uterine arteries and veins enter the uterus at its juncture with the vagina, and have therefore to traverse its whole length before they terminate in the sinuses. The blood having to flow through such a long maze of contractile tissue is liable at every step of its course to be arrested. It may be likened to the water of a canal which has to flow through a series of locks, by the closure of any one of which it may be prevented from going any further. The blood in the uterine

vessels flows through a multitude of living locks; if one should happen to be open, another a little further on will be closed. The chief portion of the blood is derived from the veins, as the arteries are small in calibre and in number. The veins of the uterus are peculiar, inasmuch as they run in planes one above the other and have not the valves proper to veins in most other parts of the body. At the point, however, at which the vein of one plane communicates with the vein of another, the lining membranes of the two do form a sort of valve which, no doubt, after delivery assists in impeding the flow of blood towards the uterine sinuses. In natural cases, the blood which circulates in the uterus at the commencement of labour is not expelled after delivery, but by the contraction of the uterus is regurgitated into the abdominal vessels. This is gradually effected: a certain amount is regurgitated after the liquor amnii is discharged; still more with the contraction that expels the child; and the rest on the expulsion of the placenta. The very same contraction which, by expelling the child, removes the pressure from the abdominal vessels, transfuses into them the blood which previously circulated in the uterus, and thus prevents the bad effects which sometimes follow the sudden removal of pressure from large vessels. The only *truly* normal loss of blood after labour is that which comes away from the detached placenta; but the uterus very rarely contracts so perfectly as to prevent a small quantity of blood escaping from its vessels. Women sometimes lose a great deal after delivery without its affecting them in the slightest appreciable degree, and this fact is brought forward by those who hold the opinion that a free discharge of blood after confinement is salutary. It is true that women can bear the loss of a considerable quantity of blood from the uterus better then than at most other times, still, that is no proof of its propriety. In such cases, a large portion of the blood is not derived from the general circulation, but from that of the uterus. In the majority of cases, when women are confined with care, the amount of sanguineous discharge is very small, and they get up all the stronger from having a little extra blood transfused into them by the uterus.

EXTENSIVE ANASARCA OF THE LOWER LIMBS, ETC., CURED BY SPONTANEOUS BLEEDING FROM THE NOSE.

By WM. PRETTY, M.R.C.S.E.

Offering a little help to the assistant of a surgeon who was prevented by illness from continuing his attendance, I was asked to visit and prescribe for a patient, the particulars of whose case I shall briefly relate, and whose cure was effected by an effort of Nature (an attack of epistaxis) under circumstances usually considered unfavourable for such a remedy, especially in the present day, when bleeding is all but superseded by alcohol and stimulants.

The patient was an old man, in his seventy-third year; his previous health tolerably good; occupation that of a jobbing gardener, but he would make himself useful in a general way; had been exposed to cold and wet, and experienced shiverings and feelings of weakness, soon followed by a swelling of the feet and ankles. I found the old man sitting in a high-backed chair, which he had occupied night and day for four or five preceding weeks, because he could not breathe in the lying-down position. I tested this assertion and found symptoms of syncope soon supervene. The heart's action and the respiration became so weakened, that in two or three minutes he was obliged to be removed from the bed. He complained of no pain, coughed now and then, and expectorated a little mucus. There was nothing of importance wrong in the lungs, so far as my acquaintance with auscultatory signs would aid my judgment; percussion over the lowest part of the left side of the chest yielded some dull sound, but succussion did not give evidence of any accumulation of fluid within the chest. The pulse was slightly accelerated, but I could not discover any disease of the heart. I would, however, speak diffidently on this point, because his usual medical attendant entertained an opinion that the second sound of the heart was not normal. In the sitting posture there was no embarrassment in breathing; no feverish excitement; tongue slightly coated white; liver and kidneys rather torpid, but not diseased; no albumen in the urine. Both inferior extremities were anasarcous, from the feet to the middle of the thighs. I could not feel satisfied that there was any organic disease which I could assign as a cause for these symptoms. A dose of pulv. jalap comp. was prescribed for each other day, and diuretics three times a day. The secretion from the liver was improved, and the quantity of urine increased. Further than these, there was no amendment of the symptoms.

Suddenly and unexpectedly a bleeding commenced from one nostril, and continued slowly with intermissions for five days. His usual medical attendant being sent for, I did not see him while the bleeding was going on. At first he bled, while sitting in his chair, for one day, if not longer. I found the patient in a prostrate and exhausted condition, lying in bed, and breathing easily; anasarca almost wholly gone. The judicious administration of stimulants and nourishment gradually restored his strength; and in a few weeks he had quite recovered, a little swelling at the insteps only remaining, after being able to walk out. It is now more than two years since this old man was under medical treatment for the complaints I have described. His countenance has a healthy and rather florid appearance; he wheels a barrow of washed linen with little inconvenience, and feels as well as he did before his late illness. I did not see in this man's symptoms any indication for the loss of blood—and very few men, if any just now, would have recommended bleeding as a remedy—yet we see here, Nature did her own work, and that in opposition to the generally-received principles and practice of the present day. This man's recovery of health and strength is a pretty good proof that his illness was not the effect of organic disease. Bleeding, I am aware, has been recommended and practised by some authors as a remedy for dropsical accumulations.

The happy termination of this case forces upon me the question—What was the cause of this man's inability to breathe in the recumbent position, and the syncope which attended it? Surely it was not effusion into the cavity of the pleura, pulmonary congestion, or bronchitis? Was it effusion into the pericardium? I am inclined to think not. There existed no puffing of the eyelids or of the hands, or anasarcous swelling of the upper part of the body. A simply overloaded and oppressed heart—as suggested by a much-esteemed medical friend and physician—relieved by the loss of blood, seems scarcely a satisfactory explanation of all the phenomena. It is pretty certain that exposure to cold and wet was the cause of some change in this patient's general state of health and productive of the dropsical affection. However doubtful may be the cause of the failure of the heart's action and of the function of respiration in the recumbent position, there can exist no doubt whatever that the occurrence of an attack of epistaxis cured this old man of all symptoms of illness when other means were unavailing.

"It is now said that dropsy has subsided into the rank of a symptom, the cause of which is to be sought in structural though often insidious changes in important vital organs, and the treatment of which is to be guided by the light of modern pathology."—Review of Dr. Basham's 'Letters on Dropsy' in MEDICAL CIRCULAR. I have briefly stated the facts of this, to me, interesting case, and any further explanation of the why and the wherefore I must leave to abler and younger hands.

A BRIEF STATEMENT OF A CASE OF VERY SEVERE RHEUMATIC IRRITATION OF THE URINARY BLADDER.—RECOVERY, ETC.

By WM. M. PRETTY, M.R.C.S.E.

The patient, a lady aged seventy-four, of inactive habits from a weak heart, easily excited and hurried respiration, with corpulency, moderate in food, and usually drinking only

four or five ounces of mild ale per diem, subject to pains in the sides, back, and loins, was attacked with rheumatic pain in the left hip and outer part of the thigh, rendering movements of the limb very painful. After ten days' suffering, the pains rather suddenly left the affected parts, and an irritable condition of the urinary bladder commenced. Micturition was painful, generally of a smarting, cutting, and straining character, the discharge of the few last drops being often quite agonising, and leaving a sensation that more must be parted with. The calls to evacuate urine varied in frequency—from one to three hours; on several occasions they were almost incessant for a shorter or longer time. No mucus or blood was passed, and there was no albumen in the urine, but it was abnormally acid, with a large deposit of fawn-coloured lithates inclining to red, the specific gravity ranging from 1020 to 1035; quantity varying from eight to twelve ounces, in twenty-four hours; odour often like that of decaying fish—on one occasion or two decidedly ammoniacal, but generally strongly reddening litmus paper.

A fit of feverish heat, of one, two, or three hours' duration, almost daily, either in the morning or afternoon, frequently preceded by chilliness and as frequently accompanied or followed by moderate perspiration; an occasional dry and coated white tongue, with some thirst; pulse often excited, and beating from sixty-five to ninety strokes per minute.

These symptoms continued with more or less severity for a period of twenty weeks. The pain, loss of sleep, and loathing of all kinds of food produced great weakness, with several rather alarming fits of faintness, and a reduction of corpulency.

Now, a few words as to the treatment pursued:—Early in the complaint it was thought there might be a partial retention of urine, and an elastic catheter was twice introduced into the bladder, each time drawing off about two ounces of urine. A third time, immediately after passing all the urine the patient could, a silver catheter was passed and the bladder found empty. Each of these operations was attended with almost unendurable pain, rendering an opiate enema immediately necessary, and the effects were not beneficial. A few weeks passed, and no improvement taking place, it was thought by an old friend and practical physician, and also by myself, that there might be a small calculus in the bladder not discovered by the catheters. An examination was therefore made with a sound, but no stone was detected. This operation was likewise very painful, but was relieved by a strong opiate enema. Fomentations over the bladder were used with some benefit; a warm-bath was not manageable. From ten to sixty minims of laudanum in an ounce and a half of liquid starch were administered as an enema every night, and when the irritation and pains required it, a second and a third in the course of the day. These were always productive of essential benefit, by relieving pain and moderating the violent expulsive contractions of the bladder, without affecting the head or adding to the derangement of the digestive organs. All kinds of medicine were administered—alkalies, tonics, astringents, mineral acids, sedatives, and stimulants—without any decided and certain beneficial results.

I should also state that at one time tenesmus was very urgent, in addition to the other symptoms; and latterly some pressure to the anus was necessary to insure the retention of the injection. The urethra and vagina were very sensitive of pressure, but no complaint existed in either the uterus or rectum. Over the bladder and upon the kidneys pressure was painful. Pain and irritation of the bladder were at times equally severe when the urine was acid and depositing lithates, and when it was only acidulous or neutral and a little turbid.

That rheumatism in a gouty constitution (for there were concretions on two fingers, though the patient had never had a fit of the gout) should have caused such sufferings for so long a period seemed rather improbable; but a kind friend, consulted by letter, thought otherwise, saying that such cases were always very refractory, and he was of opinion that there was no stone. A plain generous diet, with spirit-and-water for drink, was recommended; but throughout the illness appetite was greatly defective, and a natural distaste for spirits, which were also found to increase the fever and produce headache, limited the consumption of the latter to one bottle only with one of wine during the whole illness. It cannot, therefore, be said that much feeding and stimulation, or support from alcoholic drinks, aided the recovery materially. This was chiefly effected by time, a tolerably good constitution, and laudanum. The abnormally acid condition of the urine was evidence of the disordered condition of the system (a blood disease if you like), and not the cause of the sufferings, for it was present in a less degree after the irritation of the bladder had ceased. Could the function of the bladder have been superseded for a time, the painful symptoms would scarcely have existed.

The complaint commenced in October, and did not leave the patient till the middle of March following.

I once attended an elderly man for a like complaint. He had been for several years subject to attacks of rheumatic inflammations of the joints, both large and small, and sank, after a fortnight of severe suffering, with an affection of the brain. The mucous membrane of the bladder in one small portion was found softened and partially disorganised.

SCIENTIFIC ARTICLES.

NOTES ON THE LATE CASES OF POISONING BY CALABAR BEANS IN LIVERPOOL.

BY J. BAKER EDWARDS, Ph.D., F.C.S.,

Lecturer on Chemistry and Medical Jurisprudence at the Royal Infirmary School of Medicine, Liverpool.

1. About seventy children were poisoned by eating the beans, of whom about fifty were treated at the Southern Hospital in this town. The quantity taken by each child was from half a bean to six beans. The nuts were cracked, and the kernel eaten without the spermoderm.

2. The children were mostly under ten years of age, and the poison generally produced nausea and vomiting in half an hour. The secondary symptoms—trembling, dizziness, and loss of power in the limbs—came on within an hour of administration. Within three-quarters of an hour to one hour after eating, the children were brought to the hospital and at once treated with emetics. In the one case which proved fatal, the emetics (sulphate of zinc and mustard-water) failed to act, and the child died by syncope within a quarter of an hour of his admission. He was said to have eaten four beans.

3. The organs were found healthy, except some tuberculous disease in the lungs. The blood was very fluid. The heart contained fluid blood and clot in all the four cavities, indicating death by paralysis of the muscles of the heart. Although there was no reddening of the coats of the intestines, there had been purging, which had removed all fæcal matter, leaving only in the intestines a whitish semi-fluid emulsion of the seed. The bladder was perfectly empty and contracted. There was really nothing in the post-mortem appearances to indicate the cause of death, except the peculiar contents of the intestines; and had these been removed by purging, there would have been nothing to distinguish between death by this poison and death by cholera. From my chemical analysis I should also infer that although in this instance circumstances favoured the detection of the poison in the intestines after death, yet in a minimum fatal dose, or a prolonged purging before death, nothing would be found in the body to identify the poison or to account for death.

I am indebted to Dr. Frazer, of Edinburgh, who has investigated the subject with great ability, for a valuable communication during my analysis, and tests Nos. 3, 4, and 5 in my analysis were suggested by him.

Conclusions.

1. The bean is edible in poisonous quantities, and although slightly rough in its flavour, does not appear to

excite disgust or alarm when eaten alone, and would be undiscovered when mixed with food.

2. The symptoms are not always immediate, nor is vomiting induced, except when the dose is excessive ; nor would the secondary symptoms—viz., dizziness, faintness, and loss of power in the limbs—excite sufficient alarm to call for medical assistance until life was really in immediate danger.

3. The symptoms would scarcely be distinguished from sudden indigestion or English cholera in time to save the life of the patient.

4. In criminal cases, nothing might be detected by autopsy or by chemical analysis to reveal the cause of death.

5. So insidious a poison should not only be stored, but also handled with great caution ; its alcoholic solutions or extractive, when introduced into the circulation, acting as a slow but certain poison, leaving no trace in the body which can be identified by chemical tests in our present knowledge of the poison.—'Pharmaceutical Journal.'

We subjoin Dr. Edwards' evidence given at the inquest, together with some of the Coroner's remarks :—

Mr. John Baker Edwards deposed,—I am an analytical chemist and lecturer on medical jurisprudence at the Royal Infirmary School of Medicine, Liverpool. On Friday, the 12th instant, I attended a post-mortem examination of the remains of the deceased Michael Russell, and removed the stomach, intestines, and parts of the viscera of deceased in jars, which I conveyed to my laboratory at the Royal Institution for chemical examination. On the same day I received from Inspector Moore a parcel of beans, said to be similar to those of which the said Michael Russell had eaten. The beans are those known in medicine as Calabar or ordeal beans (*Physostigma venenosum*). I proceeded to make an alcoholic extract of the beans, also of the contents of deceased's stomach, and of the contents of deceased's intestines. The stomach contained only five fluid ounces of fluid, consisting of a few fragments of the bean and the remains of a mustard emulsion which had been administered shortly before death. The quantity of alcoholic extract from the stomach was therefore very small, and its reactions were obscured by the mustard. After further purification by ether, an extract was obtained which caused marked contraction of the pupil in the eye of a rabbit when applied to it externally. From the intestines of deceased I obtained seventeen fluid ounces of an emulsive fluid, which, after digestion with the alcohol, yielded an extract, which was then purified by ether and evaporated. This ethereal extract corresponded in its reactions with a similarly-prepared extract of the beans under examination. The chemical reactions on a watery solution of the ethereal extract are as follows :—1. A pink colour, struck by caustic potash, which gradually increases in intensity to a deep red, and when mixed with chloroform forms a deep red chloroformic solution, which separates from the clear yellowish supernatant liquor. 2. A red colour, struck by strong sulphuric acid, with separation of a resinoid coagulum. 3. A violet colour, changing to red by sulphuric acid and crystals of bichromate of potash. 4. A similar colour, with sulphuric acid and binoxide of manganese, retaining the purple colour for a long time. 5. A yellow precipitate, with solution of iodine in iodide of potassium. 6. A purple colour, with terchloride of gold and reduction of metallic gold. 7. A yellow colour, struck with caustic ammonia, which, exposed for some hours to light, turned green, and finally a deep blue. I applied a few drops of the aqueous emulsion of this ethereal extract obtained from the intestines of deceased to a frog's back, by insertion under the skin. In a short time the animal manifested an indisposition to movement, and became very quiet. In the course of an hour it became unable to jump, or to remove the position in which its limbs were placed, and in about two hours it became perfectly flaccid and insensible to any external irritation ; although stimulated by strychnine, it was incapable of being roused to muscular exertion, and soon expired, having previously exhibited very irregular respiration and pulsation. A second portion of the emulsion was exhibited to a mouse, which became soon paralysed in its limbs, and died after a few hours. A third portion was introduced into the circulation of a mouse by the ear, and after twenty-four hours the poison operated fatally, by complete paralysis of the limbs and senses, and the animal died by syncope. A fourth portion of the emulsion from the intestines of deceased, applied to the eye of a rabbit, caused strong contraction of the pupil after three-quarters of an hour. Similar results were obtained by an ethereal extract of the bean itself.

The Coroner, in addressing the jury, remarked that the case was one of a distressing character, there being no doubt from the evidence that the death of the deceased was occasioned by the poisonous action of the Calabar beans which he had eaten. The only question for the jury was, whether there was negligence on the part of any one who was connected with the beans. It appeared by the account of the carter, that 2s. was to be given to him for taking them to the north shore ; but that, as this was too far, considering the price he was to receive, he had deposited the beans in the piece of waste land in Greenland street, this being nearer, and he thought there was no harm in doing so. He also said he was not aware that there were any of the beans amongst the rubbish. Care should be taken in discharging ships whose cargoes contained articles of a poisonous character, because children would play about rubbish to which they could have access, and serious results might follow. In this instance 46 children ate of the beans and were carried to the Southern Hospital, though only one had died. It was a singular fact that the one who died was not sick ; he must therefore have retained a portion of the poisonous bean in his stomach. The Coroner then read an extract from the 'Transactions of the Royal Society of Edinburgh,' containing a description of the plant that produces the ordeal bean of Calabar. The extract was from a paper read before the Society by Professor Balfour, of the University of Edinburgh. It was as follows :—"It has long been known that in various parts of Africa the natives are in the habit of subjecting to the ordeal of poison parties who are suspected of crimes. On the east coast we meet with *Tanghinia venenata*, yielding the Tanghin poison-nut of Madagascar, and on the west coast seeds and barks of different kinds have been employed as ordeals, the sources of which, however, have not been hitherto fully ascertained. Dr. Kirk, naturalist to the Livingstone expedition, states that the Manganja tribe, in the south-east of Africa, believe in a god and in medicine, or the ordeal which he directs as the means of discovering crime. If the ordeal causes vomiting, it shows innocence ; if it acts by the bowels, crime ; and the person is put to deatht But the doctors have a good knowledge of which to give, for there are different plants used. In the district of Old Calabar a bean is used for an ordeal poison, to which the name of Eséré is given. It possesses extraordinary energy, and the attention of the missionaries of the United Presbyterian Church of Scotland in that quarter was directed to this poison several years ago. The Rev. H. M. Waddell, one of these missionaries (now in Edinburgh), brought some of the beans to this country ; and of late numerous specimens of them have been sent or brought to Edinburgh by other missionaries." There was no doubt, the Coroner observed, that the beans were brought as part of the cargo of a ship, and extreme caution should have been used in disposing of the rubbish amongst which a part of the cargo might have escaped. There was no law that he knew of affecting any of the parties in this case, as the poor boy had injured himself by eating the beans. He thought, however, that more caution should have been used.

RATING CHARITABLE INSTITUTIONS.—The authorities of the United Parishes of St. Andrew, Holborn, and St. George the Martyr have, in consequence of the decision in the case of "The Queen *v.* Stapleton," decided that the various charitable institutions in the united parishes are liable to the parish rates. On an appeal to the justices in petty sessions, their liability was confirmed. It is expected, however, that an appeal will be made to the Court of Queen's Bench.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

ST. GEORGE'S HOSPITAL.

Cases under the Care of Mr. Pollock and Dr. Fuller.

On the occasion of our last visit to this Hospital we saw Mr. Pollock perform amputation of the foot, the operation being necessitated because of the disintegration of the ankle-joint and an implication, not inextensive, of the astragalus and os calcis, the former bone being affected with necrosis and the latter with caries. The synovial lining had become in some places pulpy and thickened, in others it had fallen into a yet more advanced stage of disintegration, being softened and ulcerated, while again, in other places, it was wholly removed.

In such a case as the present, Pirigoff's operation could not have been performed, as the os calcis was too much diseased to permit any hope being entertained of a good result were the posterior portion of that bone allowed to remain.

The object of Mr. Syme's operation is the removal of the entire foot, except a portion of the tissues that enter into the formation of the covering of the os calcis, and which are retained in order to form a soft cushion, which would serve as a protection to the extremity of the stump, and a kind of pad upon which he could rest the entire weight of the body, without any pain or inconvenience to the patient.

In the performance of this operation an incision is made from one malleolus to the other, carrying the knife across the under surface of the heel, the soft tissues of which must all be cut through till the bone is reached; the instrument is then brought in front of the joint, and then another incision should be made to extend sufficiently deep to reach the bone and to divide the ligaments. When these steps have been taken and the joint well laid open, the operator proceeds to dissect out the os calcis from its berth, taking every care, while so doing, to prevent the knife from wounding the heel flap or cutting the plantar arteries disadvantageously. By the term "wounding the heel flap," we mean cutting holes in it with the edge of the knife, or perforating it with the point of the instrument.

The plantar arteries should always be cut of such a length as to maintain a regular and sufficient supply of blood for the nourishment of the flap, in order not alone to preserve its vitality, and thus prevent sloughing, but to procure its rapid and complete union when brought into apposition in the site which we desire.

The os calcis having been removed, the malleoli are sawn off; and should the diseased bone attack the tibia, it will be necessary to remove the affected portion of that bone before the operation can be considered at all completed.

When removing the os calcis, it will be found needful to twist the foot about in several directions, so as to loosen the bone somewhat from its connections and aid us in our dissections with the knife. On approaching the plantar arteries, it is best to keep the knife as closely as possible against the bone.

In making the heel flap we should avoid bringing the knife too near the phalanges, because by so doing we cut the flap too long, and leave behind a cup-shaped cavity to form the extremity of the stump, and in which blood and purulent matter will accumulate. Should such an error be committed, the ulterior effect will be retardation of the healing processes.

No matter how well this operation may be performed, there is always a tendency to the collecting of matter in the extremity of the stump; this may, however, be prevented by *firmly* and *evenly* bandaging the entire limb as high up as the surgeon may deem requisite, the folds of the bandage being laid with especial care on the very extremity of the member.

Instead of having anterior and posterior flaps, instances may occur in which deviation from the general mode of performing the operation will be advantageous. The deviation may be demanded either because of violence done to the joint and to the soft parts or from disorganisation, the consequence of diseased action. In such cases as these, the flaps may be made from the side coverings of the joint; but when it is at all possible it is far better to fashion the stump in the ordinary method, inasmuch as the integuments of the heel are, owing to their density, the best covering for the end of the stump, and the best basis on which the body can rest.

This operation, introduced by Mr. Syme, and by him reduced to a recognised surgical measure, has been most successful in its results. Many limbs have been saved that might have been condemned to removal, and patients have been given good and useful members, instead of being obliged to hobble about upon a wooden pin.

As regards the mortality resulting from the operation, we would say that many figures cannot be ranged on the side of the death-rate.

When the operation has to be performed for severe injuries done to the foot, it is very liable to be followed by excessive suppuration or even by sloughing; but in those cases where resort to this surgical measure is demanded by disease such unfavourable results are not to be expected, nor do they often supervene.

The great modification of Syme's operation, and which has been introduced by Pirigoff, the eminent Russian surgeon, is done in the following way:—The heel flap is fashioned in the same manner as it is in Syme's operation—that is, by sweeping the knife from one malleolus to another across the sole of the foot; this done, the soft tissues are dissected from the bone, but not at all so far back as in the original or Syme's method, the dissection being continued for a distance of only about two lines. The incision on the dorsum of the foot is then made, and disarticulation of the astragalus is subsequently effected. The operator next applies the saw immediately behind the astragalus, and to the upper and back part of the os calcis, through which the saw must be made to cut obliquely downwards and forwards; the malleoli are sawn off, as is also a thin slice of the extremity of the tibia; the cut surface of the os calcis is brought up against that of the tibia, and is, together with the flap containing it, maintained in its position by means of strips of plaster, wetted lint, and a few turns of a bandage; the knee bent upon itself so that the leg is flexed on the thigh and the tendo-Achillis relieved of any strain. The limb should be laid on its outer side.

The advantages connected with this operation, when compared with Syme's, are as follow:—First, a longer stump is given to the patient—the length being proportionate to the amount of os calcis allowed to remain; secondly, the stump is better able to bear pressure and to sustain the weight of the body; thirdly, the plantar arteries can be cut long; fourthly, less danger of wounding the internal tibial artery, and so of not cutting off the supply of blood to the heel flap; fifthly, the rapid union of the freshly-cut osseous surfaces; sixthly, the less likelihood of profuse suppuration in the wound or of sloughing in the stump.

The disadvantages of the operation are—first, that there is a risk of pyæmic poisoning of the blood and of the osteo phlebitis, owing to the division of the os calcis on the one side and of the tibia on the other. Instances are on record in which death has resulted from these untoward circumstances.

Secondly, when the operation is practised for disease, there is the liability to a return of that affection in that portion of the bone which is allowed to remain.

At a time when scarlatina is so prevalent, it will be of interest to our readers to know that Dr. Fuller's medicinal treatment is in every uncomplicated case as follows:—

℞ Tincturæ ferri sesquichloridi, ℥xx.;
Quinæ disulphatis, gr. ij.;
Acidi hydrochlorici, ℥vj.;
Potassæ chloratis, ʒj.;
Aquæ, ʒj.—ter in die.

In the course of some observations which Dr. Fuller made on a case of dropsy resulting from cardiac disease, he mentioned the case of a lady, which had occurred in his private practice, and to which he had been called in consultation:—The kidneys would not act; the lower ex-

tremities were enormously distended with fluid; diuretics of every description had been administered by the two gentlemen in attendance before Dr. Fuller had been summoned; and, indeed, all the ordinary, if not almost all the extraordinary means for the removal of the dropsy had been tried, but with no success. Dr. Fuller advised that the patient's legs should be tapped, and that when the fluid had been allowed to drain itself away diuretics should be employed. The advice was acted upon; the kidneys were called into play by the diuretics which were administered, and the dropsy was removed.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. XXV.

FERRI OXIDUM MAGNETICUM.—This oxide was formerly officinal in Ireland and Scotland only. It is usually regarded as a compound of protoxide and sesquioxide of iron, and is prepared by precipitating a mixture of a proto- and persalt with an alkali.

Six ounces of sulphate of iron are taken, and two-thirds—that is to say, four ounces—are dissolved and converted into persulphate by the addition of sulphuric and nitric acids in the manner already described; the remaining two ounces of proto-sulphate, are then dissolved in water and added to the solution of persulphate; solution of soda is then added to the mixed liquors as long as a precipitate is produced, and the whole is boiled for five minutes. Lastly, the precipitate is collected on a filter, well washed, and dried *without heat*. The drying is to be effected by putting it under a receiver or in a small cupboard, with a capsule containing sulphuric acid.

The chemical change occurring in the process is very simple. By peroxidising two-thirds of the quantity of proto-sulphate taken, we obtain a solution containing one atom of persalt to one atom of proto-salt; the alkali then acts as follows:—

$$Fe_2O_3, 3SO_3 + FeO, SO_3 + 4NaO = Fe_3O_4 + 4(NaO, SO_3)$$

Instead of writing the formula of the oxide so precipitated as Fe_3O_4, it may be represented as (FeO, Fe_2O_3); the name ferroso-ferric oxide has been applied to this body to express the latter hypothesis.

This oxide is perfectly black when precipitated, and is strongly attracted by the magnet; hence its name of magnetic oxide.

By varying the proportions of the per- to the proto-salt, an oxide identical with this in all its properties may be obtained, having the composition Fe_4O_5, or $(2FeO, Fe_2O_3)$. Indeed, the magnetic property of the oxide does not appear to depend at all upon its chemical composition; for when completely changed into sesquioxide, it is still as powerfully attracted as before. Mr. Robbins has shown that when the black oxide is heated to redness, or even fused with nitre, whereby, in either case, it at once passes into the red peroxide, yet the latter retains the full power of being attracted to the magnet.

Magnetic oxide of iron is defined in the Materia Medica as consisting of peroxide of iron, Fe_2O_3, with about nine per cent. of protoxide of iron, FeO, and twenty-two of water. A liberal allowance is therefore made for peroxidation during the washing, drying, and keeping. It is described as brownish black, destitute of taste, and strongly magnetic. It dissolves without effervescence in hydrochloric acid diluted with half its bulk of water, and the solution thus obtained gives blue precipitates with ferrocyanide and with the ferrid-cyanide of potassium.

There are two tests given: one consists in moistening twenty grains of the oxide with nitric acid and heating to redness; the residue should weigh 15·8 grains. The second requires that twenty grains, dissolved in hydrochloric acid, should continue to give a blue precipitate with the ferrid-cyanide of potassium until 8·3 measures of the volumetric solution of bichromate of potash have been added.

This latter test is, in fact, a determination by a volumetric process of the amount of protoxide present.

To conduct it, twenty grains of the oxide are dissolved in hydrochloric acid; an alkalimeter tube is filled to 0 with the volumetric solution of bichromate of potash; a white plate is taken and a number of small drops of a fresh solution of ferrid-cyanide of potassium distributed over its surface; then the bichromate solution is dropped in successive portions from the burette into the acid solution of the oxide, and after each addition a drop of the solution is taken out by a glass rod and added to one of the drops on the white plate. At first the mingling of the drops produces a blue precipitate, which becomes less after each addition of bichromate, until finally it is not produced at all. This indicates that the reaction has ended, and the amount of bichromate solution which has been added is then read off.

The Pharmacopœia directs that 8·3 measures should be required for twenty grains of the oxide.

The volumetric solution of bichromate of potash is made by dissolving 129 grains of bichromate in one pint of distilled water. One hundred measures of the solution contains one-tenth of an equivalent of the salt in grains. One atom of bichromate of potash converts six atoms of a proto-salt of iron into persalt, when a free acid is present—

$$6FeO + 2CrO_3 = 3Fe_2O_3 + Cr_2O_3.$$

Consequently one hundred measures of the solution are capable of peroxidising exactly one-tenth of six atoms of a proto-salt of iron. This process is one constantly used in analysis for estimating iron in the state of proto-salt, and admits of very great accuracy.

FERRI CARBONAS SACCHARATA.—The process for this preparation is practically the same as the one given by the three previous Pharmacopœias. Separate solutions of sulphates of iron and carbonate of soda are prepared, then mixed; the precipitate of carbonate of iron formed is allowed to subside, and washed once by decantation; it is then collected on a calico filter, the excess of water squeezed out, and the moist carbonate rubbed in a mortar with the sugar. The whole is then dried by a water bath. The operation requires quickness and expertness, so as to allow of as little oxidation of the carbonate of iron as possible.

The following is the reaction by which the carbonate of iron is formed:—

$$FeO, SO_3 + NaO, CO_2 = FeO, CO_2 + NaO\,CO_2.$$

The precipitate, when first formed, should be white; it rapidly, however, becomes greenish from the absorption of oxygen. The sugar is supposed to act as a mechanical envelope, protecting the particles from oxidation.

Saccharated carbonate of iron is defined, in the Materia Medica, as carbonate of iron, FeO, CO_2, mixed with peroxide of iron and sugar, and forming, at least, fifty-seven per cent. of the mixture. The tests given are—that its solution in hydrochloric acid should give but a very slight precipitate with chloride of barium; and that twenty grains, dissolved in excess of hydrochloric acid, and diluted with water, should continue to give a blue precipitate with the ferrid-cyanide of potassium until at least thirty-three measures of the volumetric solution of bichromate of potash have been added. This latter test is identical with the one given for magnetic oxide of iron, and should be conducted in the manner there described.

FERRI ARSENIAS.—This compound is now introduced into the Pharmacopœia for the first time. It is produced by double decomposition between arseniate of soda and proto-sulphate of iron. Four ounces of arseniate of soda, which has been dried at 300°, and three ounces of acetate soda, are dissolved in two pints of water, while nine ounces of sulphate of iron are separately dissolved in three pints of water; the two solutions are mixed, and the slaty white precipitate which forms is collected on a filter, well washed,

squeezed, and dried on porous bricks in an air-cupboard at 100°.

The object of using acetate of soda in the process is to prevent loss of product. If simple solutions of arseniate of soda and sulphate of iron were mixed, a portion of sulphuric acid would become free, as shown in the following equation :—

$$3\,(FeO,\,SO_3) + 2\,NaO,\,HO,\,AsO_5 = 3\,FeO,\,As\,O_5 + 2\,(Na\,O,\,SO_3) + HO,\,SO_3.$$

Now, as arseniate of iron is freely soluble in dilute sulphuric acid, a portion might be held in solution in the acid liquid and would pass away in the filtrate. By having acetate of soda present, acetic acid is set free in the place of sulphuric ; but the arseniate of iron is practically insoluble in acetic acid and consequently none passes away in solution. The reaction when acetate of soda is used may be thus expressed :

$$3\,(Fe\,O,\,SO_3) + 2\,Na\,O,\,HO,\,As\,O_5 + Na\,O,\,\bar{A} = 3\,FeO,\,As\,O_5 + 3\,(Na\,O,\,SO_3) + HO,\,A.$$

The arseniate of iron, when first formed in the liquid, is nearly white, but it rapidly becomes green by contact with the air ; somewhat resembling carbonate of iron in appearance. It is defined in the Materia Medica as being 3 Fe O, As O_5 partially oxidated. It is a tasteless amorphous powder, of a green colour, insolnble in water, but readily dissolved by hydrochloric acid. This solution gives a copious light blue precipitate with the ferrid-cyanide of potassium, and a still more abundant one, of a deeper colour, with the ferro-cyanide. A small quantity boiled with an excess of caustic soda, and filtered, gives, when exactly neutralized with nitric acid, a brick-red precipitate on the addition of solution of nitrate of silver. This last test is characteristic of the arsenic acid.

Twenty grains dissolved in an excess of hydrochloric acid, diluted with the water, should give a blue precipitate with ferrid-cyanide of potassium, until at least seventeen measures of the volumetric solution of bichromate of potash have been added. This test determines the proportion of proto-salt of iron present, and should be conducted as described for magnetic oxide.

FERRI PHOSPHAS.—This compound, like the arseniate of iron, is a new constituent of the officinal Materia Medica. Owing to the close relationship subsisting between arsenic and phosphoric acids, the iron compounds of these bodies closely resemble each other; they are produced by precisely similar processes, their appearance is identical, and their chemical properties are perfectly analogous.

The phosphate of iron is obtained by mixing a solution of phosphate and acetate of soda with a solution of proto-sulphate of iron, collecting the precipitate on a filter, and washing and drying at 100°. The precipitate when first formed is white, rapidly becoming green. The action of the acetate of soda is the same as it is in the case of the arseniate. By adding phosphate of soda alone to sulphate of iron, phosphate of iron is formed, together with sulphate of soda and sulphuric acid :

$$3(FeO,SO_3)+2NaO,HO,PO_5 = 3FeO,PO_5+2\,(NaO,SO_3) + HO,SO_3.$$

Phosphate of iron is freely soluble in sulphuric acid, and the mother-liquor, therefore, would be capable of holding a small portion in solution, but the phosphate is almost insoluble in acetic acid ; and by using acetate of soda, acetic acid only is liberated—

$$3\,(FeO,\,SO_3)+2\,NaO,\,HO,\,PO_5+NaO,\,\bar{A} = 3\,FeO,PO_5+3\,(NaO,\,SO_3)+HO,\,\bar{A}.$$

Phosphate of iron is defined in the Materia Medica as 3 FeO, PO_5 partially oxidated. It is a slate-blue amorphous powder, insoluble in water, soluble in hydrochloric acid. The solution yields a precipitate with both ferro-cyanide and ferridcyanide of potassium ; and when treated with tartaric acid and excess of ammonia, and subsequently with the solution of ammonio-sulphate of magnesia, lets fall a crystalline precipitate. This last character indicates the phosphoric acid.

The only test given in the Pharmacopœia is one intended to indicate the absence of arsenic. If the phosphate be digested in hydrochloric acid with a lamina of pure copper, a dark deposit does not form on the metal.

SYRUPUS FERRI PHOSPHATIS.—This preparation, although new to the Pharmacopœia, has long been known and extensively used under the name of syrup of super-phosphate of iron. It consists, in fact, of a solution of phosphate of iron in dilute phosphoric acid sweetened by the addition of sugar.

It is made by taking a definite quantity of sulphate of iron, precipitating it by a solution of phosphate and acetate of soda, collecting and washing the precipitated phosphate of iron, pressing it between folds of bibulous paper, and then dissolving it in a definite amount of dilute phosphoric acid, filtering the solution and adding the sugar, which should be dissolved without heat. Lastly, the syrup is made up to a given volume.

It is important to waste as little of the precipitate as possible during the washing and pressing, as otherwise the syrup will be deficient in strength.

This syrup is liable to undergo several changes when kept. The free acid acting upon the cane sugar will sometimes cause its conversion into the less soluble condition of grape sugar ; and may also even occasion a slight production of caramel, giving a brown tint to the syrup. The iron also absorbing oxygen from the air, forms the perphosphate, which will sometimes deposit.

These results, however, are to a great extent avoided by the non-employment of heat in the preparation of the syrup, and by excluding the air from it when made.

THE BRITISH ASSOCIATION MEETING AT BATH.

The programme of the proceedings for nine days, as at present arranged, is annexed :—

Wednesday—Meeting of the General Committee in the Guildhall, at 1 p.m., for the election of sectional officers, &c. ; first general meeting in the Theatre at 8 a.m., when Sir W. G. Armstrong, C.B., LL.D., F.R.S., will resign the chair, and Sir Charles Lyell, Bart., M.A., D.C.L., F.R.S., &c., will assume the presidency, and deliver the inaugural address.

Thursday—The eight sections will open at 11 a.m., in the rooms mentioned above. A *conversazione*, in the Assembly Rooms, commencing at 8 p.m.

Friday—The sections as usual. Professor Roscoe's lecture, in the Theatre, on "The Chemical Action of Light," at 8·30 p.m.

Saturday—The sections as usual. Excursion to Frome, Holwell, and the Vallis ; excursion to Stanton Drew and Radstock. Evening banquet in the Guildhall, given by the Mayor.

Monday—The sections as usual. Meeting of general committee in the Assembly Rooms, at 3 p.m., to decide upon the place of meeting in 1865. Dr. Livingstone's address concerning his explorations in Africa during the last six years, in the Theatre, at 8·30 p.m.

Tuesday—The sections as usual. Microscopical Soirée in the Assembly Rooms, at 8 p.m. The instruments collected will be insured during their railway transit for not less than 6,000*l*.

Wednesday—Concluding general meeting at 3 p.m., in the Assembly Rooms. Evening banquet in the Guildhall, given by Mr. W. Tite, M.P.

Thursday—Excursion to Bristol and Clifton ; excursion to Salisbury, Old Sarum, and Stonehenge.

W. SALT, ESQ., banker, Lombard street, and of Park square, Regent's park, formerly of Russell square, has bequeathed to the Stafford Infirmary, and the Northern Dispensary, Euston square, each 200*l*., free of legacy duty.

THE PRINCESS LOUIS OF HESSE.—Professor Priestly, of King's College, has been appointed to attend the Princess Louis of Hesse at Darmstadt in her approaching confinement, which is expected to take place about the end of October or the first week of November.

*** *In our next number we shall commence publishing a Special Report of the Meeting of the British Association for the Advancement of Science, to be held at Bath; with particular reference on our part to such proceedings as may be connected with Medicine or the Collateral Sciences.*

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 14, 1864.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON UNDER THE TUDORS AND THE STUARTS.

The state of Medicine in its relations to the public is pretty much the same in all ages of the world; for as soon as it emerges from the darkness of barbarism, and engages the attention of the learned, so soon does it come into conflict and opposition, not only with the ignorant multitude, but with those who hold authority in high places. In the present day, as is well known, quackery is rampant, and is encouraged both by high and low; while the laws, which in the reign of Henry the Eighth and those of succeeding sovereigns, were enacted for the purpose of encouraging and defending legitimate practice, have fallen into desuetude, if they are not yet actually repealed. At first sight it seems sufficiently just that persons who pretend to the possession of skill in any particular art or profession should give evidence of their attainments before some competent tribunal, and receive from it a licence to practise; while those who ignorantly pretend to knowledge which they do not possess should be punished like any other impostors. Such appears to have been the view taken by the advisers of King Henry the Eighth, or of the monarch himself, when he granted his charter to the London College of Physicians, and such appears to have been the spirit in which the charter was interpreted for several centuries by the office-bearers of the College. Those who imagine that we have improved very materially upon our ancestors would do well to compare the absurdities of the present day with those prevailing in the time of the Tudors and the Stuarts; and we think it must be admitted that although we may not, perhaps, place much confidence in the king's touch as a remedy for scrofula, or in the mysteries of alchemy or astrology as charms to alleviate the general diseases of mankind, yet that the follies of homœopathy and hydropathy, to say nothing of Kinesipathy, table-rapping, clairvoyance, *et hoc genus omne*, are to the full as contemptible and ridiculous as those which were gravely examined, and sometimes repudiated, by such men as Linacre, Caius, Harvey, and Sydenham, and other less renowned dignitaries of the College of Physicians.

These remarks have been suggested by the perusal of a work 'On the Royal College of Physicians of London,' published in the year 1684, and which gives an historical account of the proceedings of the College against empirics and unlicensed practitioners in every prince's reign from the incorporation of the College by Henry the Eighth until the decapitation of Charles the First. From this curious and very amusing record, it appears that the College was engaged in a chronic warfare against quackery and unlicensed practice in all shapes, the delinquents being sometimes ignorant pretenders like the quacks of our own day; and sometimes surgeons, apothecaries, or even foreign graduates, who did not possess the licence of the College, and were therefore prohibited by law from practising. It must, however, be remarked that the surgeons of that day were mere mechanical operators, and the apothecaries were very little more than vendors of drugs; while foreign diplomas were often given with as much laxity as is occasionally done in our own time. Another amusing feature in the proceedings of the College is the opposition it often met with, in carrying out the objects of its charter, on the part of the great dignitaries of the State, the Queen's or the King's Secretary often interfering to protect an offender from punishment, precisely in the same manner as an Old Bailey jury in the present day always takes the part of the quack, when empiricism and legitimate medicine happen to come into collision. It must be stated, however, to the honour of the College, that when such interference was offered on the part of the State, the College strenuously and successfully defended its rights and maintained its position, and hence the analogy between Queen Elizabeth's Secretary and an Old Bailey jury of the nineteenth century by no means holds good; for whereas the former had the good sense to abandon the quacks and to protect the College in its just proceedings, the latter always take the part of the empiric and accord him an easy triumph.

As an amusing instance in corroboration of the above remarks, we find that the College, in the reign of Queen Elizabeth, having prohibited one Margaret Kennix, who is represented as "an outlandish, ignorant, sorry woman," from practising Medicine, the Queen herself, through the medium of her Secretary of State, thus petitioned the College in her favour. We may remark, by the way, that female practitioners in Medicine appear to have been numerous at that time, and that the College examined such women as to their skill and ability in the science and practice of Medicine, but often with the result of prohibiting them. It would seem, however, from some passages in the following letter, that the College did sometimes allow women to practise:—

"To my very loving frendes the President of the College of Physicians in London &c.

"After my very harty commendacions unto you, Whereas heretofore by her Majesties commandment upon the pityfull complaint of Margaret Kennix I wrote unto Dr. Symondes then President of your College and fellowship of Phisitions within the city, signifying how that it was her Highness pleasure that the poore wooman should be permitted by you quietly to practise and mynister to the curing of diseases and woundes, by the means of certain simples, in the applying whereof it seemeth God hath geven her an especiall knowledge, to the benefit of the

poorer sort, and cheefly for the better maintenance of her impotent husband, and charge of family, who wholy depend of the exercise of her skill: Forasmuch as now I am enformed, she is restrained either by you, or some other of your College, contrary to her Majesties pleasure, to practise any longer her said manner of ministring of simples, as she hath doon, Wherby her undooing is like to ensue, unles she maie be permitted to continue the use of her knowledge in that behalfe. I shall therefore desire you forthwith to take order amongst yourselves for the readmitting of her into the quiet exercise of her small talent, least by the renewing of her complaint to her Majesty thorough your hard dealing towards her, you procure further inconvenience therby to yourselfe, then perhaps you woold be willing shoold fall out. Whereas contrariwise it will be well taken, that you affoord her the like favour she hath found at the hands of your predecessor. And so not doubting but that you will therfore accordingly consider to leave the poore wooman satisfied in this behalf, I bid you hartely farewell. From the Coorte the VIIIth of December 1581. Your loving frend Fra. Walsingham."

To this most unconstitutional interference on the part of the Queen, and the threats which are held out as to the consequences which might ensue in case of non-compliance with her Majesty's wishes, the College of Physicians sent a very respectful, and at the same time a most dignified answer, refusing to reverse their decision in the case referred to, and pointing to the danger likely to arise by leaving the practice of Medicine in the hands of ignorant and unqualified persons. The College also referred to the "straight band of their Oth and Conscience, which they esteemed of greater weight then that they can release themselves thereof at their pleasure;" and they beg the Secretary not to think the College culpable "for not suffering ether her, or any other whatsoever (being not qualified accordingly) to intrude themselves into so great and dangerous a vocation (as Medicine), not onely against good order, priviledge and conscience; but also to the evident daunger of the lief and health of such her Majesty's most loving subjects, as shall be abused by their notorious and wilfull ignorance:" and the College conclude by professing themselves to be "most willing and content to abide any inconvenience whatsoever may ensue, rather then to be brought to allow of so disorderly an attempt, ether in her or in any other her lyke" (*i.e.*, Margaret Kennix).

It does not appear that Walsingham pressed the matter any further, and the College came off triumphant. But on several subsequent occasions we find the same Secretary of State interfering on behalf of other persons whom the College had condemned to fine and imprisonment for illegal practice, and who were mere ignorant pretenders. In all cases, however, the College maintained their privileges, and in one case we find that, on a personal interview with Walsingham, the latter assured the deputation from the College that he would never act anything against the benefit or dignity of their Society (the College); adding that "if at any time by the importunity of frends, he did write upon such an occasion, he notwithstanding left them to act what they thought most prudent."

Those were the days of superstition and ignorance, when kings and queens were supposed to govern by divine right, and when the will of the monarch was law. But those were also the days of the dawn of the Reformation; they were the days of Lord Bacon, of Sir Walter Raleigh, of Sir Philip Sidney; they were the days of Spenser and of Shakespeare; they were the days of Linacre and of Caius. We are now living in the blaze of the illumination of the nineteenth century, when the principles which Bacon and Newton inculcated are supposed to prevail in the minds of mankind; and can it be said that, in medical matters, either the ignoble common people or the ignoble of some of the aristocracy are a whit better informed than they were in the days of Queen Elizabeth and her Secretary Walsingham?

SUMMARY OF THE WEEK.

VACCINATION AT WHITEHAVEN.

We have received a copy of the 'Whitehaven Herald,' of Aug. 27, containing the report of a meeting of the Whitehaven Board of Guardians on the subject of the payment of the vaccinators for the certificates to be furnished by them to the Registrars. As we understand the matter, all the Medical practitioners of Whitehaven were, a few years ago, appointed vaccinators in that town, but a new arrangement has lately been made by which only a limited number of vaccinators has been appointed, and the other practitioners feel aggrieved that they are called upon to furnish certificates of vaccination to the Registrars without receiving any remuneration, either for that service or for the vaccination itself. An application was, therefore, made to the Board to revert to the original arrangement, and appoint all the Medical practitioners as vaccinators. To this request the Guardians declined to accede, but gave no reason for their refusal. In our opinion, although we have no information before us except the newspaper report, the Guardians were perfectly right in limiting the number of vaccinators, as it is only by such a plan that efficient vaccination can be secured and the operation duly superintended. But, on the other hand, we do not see why those who vaccinate gratuitously should be obliged to furnish gratuitous certificates to the Registrar; and we think that some provision should be made by which the certificates should be paid for. The duty of registration is almost as essential as that of vaccination, inasmuch as one is the necessary supplement to the other; and without the registration there is no evidence that the operation has been performed; but still the signing of such certificates is a public act, and ought to be paid for out of the public funds.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The British Association for the Advancement of Science commences its meeting this day at Bath, under the presidency of Sir Charles Lyell, Bart., who will deliver his introductory address this evening. The meeting promises to be one of the most numerous and successful ever held by this flourishing Association; and the central position of Bath, and its easy access from London, render the locality

peculiarly well adapted for the purpose. But besides these adventitious circumstances, the geological structure of the soil in and around Bath, and the numerous remains of extinct animals found in the vicinity, render the spot intensely interesting to the geologist and palæontologist, while the numerous manufactures at Bristol will no less engage the attention of the votary of mechanical science. As is usual on such occasions, the profession of Medicine will be numerously represented, its members not only taking part in many of the purely scientific sections, but a sub-section of Physiology, under the presidency of Dr. Edward Smith, will be proposed in the General Committee. Among the other members of our Profession who will take a prominent part in the ensuing meeting of the British Association, Dr. Odling will be the President of the Section of Chemical Science, and Dr. William Farr will appropriately preside over that of Economic Science and Statistics.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. C. H. MOORE, in an "Abstract of Clinical Lectures on Surgery," under the head of "Perforations of the Pharynx," remarks that the formation of unnatural openings in the pharynx is a subject which has not yet been sufficiently commented upon by surgical writers, although the most serious and even fatal consequences sometimes result from the ejection of foreign matters into the cellular tissues of the neck, under the powerful action of the muscles of deglutition. Mr. Moore then relates the history of four cases, one of which was that of a patient under his own care, and in which openings of greater or less size had been made in the pharynx, the results in two of these cases being fatal. When such an accident as that described has occurred, and the foreign body can be traced, it should be removed as soon as possible.——Dr. HORACE DOBELL contributes a paper "On the Assimilation of Fat in Consumption." The observations contained in the paper are founded on the examination of cases at the Royal Infirmary for Diseases of the Chest. Dr. Dobell's experience agrees completely with that of Mr. Hutchinson, that, as a general rule, persons suffering from consumption dislike fat. In order to test by direct experiment whether the dislike to fat is due to a defect in the emulsifying properties of the pancreatic secretion, Dr. Dobell treated a series of cases of consumption with an emulsion of beef-fat and the pancreatic juice of the pig, and the results were on the whole favourable; for out of thirty-three cases many were considerably improved by the plan pursued.——Dr. T. CHAPLIN concludes his paper "On the Fevers of Jerusalem," and, in relation to ague, he observes that nearly every variety of intermittent fever is met with in the Holy City, and of 1,666 cases of febrile disease attended at the English hospitals in the year 1862, 1,147 or 68·8 per cent. were intermittent. The cure of this form of disease is by no means easy in Jerusalem, where people all the year round are exposed to the causes of ague, especially malaria, previous attacks, and a low state of vital power. Quinine, according to Dr. Chaplin, is the only remedy to be relied on, and arsenic and decoction of olive bark have both failed in his hands. The prophylaxis consists in strict attention to diet, exercise, bathing, and general hygiene. Typhus fever has been rare in Jerusalem during the last three years, and typhoid has also been less frequent than might be expected from the filth and bad odours with which the city is pervaded. Europeans and other immigrants appear to be more liable to this form of fever than the natives. In the summer of 1862, a fever of a bad type broke out in the Abyssinian convent and carried off between thirty and forty of its 120 inmates. The fever disappeared after the building was thoroughly cleansed and whitewashed.——Dr. WILLOUGHBY F. WADE contributes a paper "On Retro-Uterine Hæmatocele," by which term he means an effusion of blood into the cavity of the peritoneum, to the lowest part of which the blood falls by gravitation; and the point to which it falls is the pouch formed between the rectum and uterus, known as "Douglas's space." The chief object of the paper is to show that the contents of this pouch may find their way into the vagina through the Fallopian tubes and uterus, and thus be expelled; and several cases are quoted which seem to support this view.

THE OPHTHALMIC REVIEW: A Quarterly Journal of Ophthalmic Surgery and Science. Edited by J. Z. LAURENCE and THOMAS WINDSOR. No. 2. JULY, 1864.

The present number of this learned Journal contains papers "On a New Ophthalmoscope for photographing the Fundus Oculi," by Dr. ROSEBRUGH, of Toronto; "On some Ophthalmic Instruments," by Mr. J. Z. LAURENCE; a clinical lecture "On Exophthalmos," by A. VON GRAFE; a short note "On the Terms Sclera and Sclerotica (in which the writer prefers the term *Sclera*), by Mr. WINDSOR; a "Retrospect of British and Foreign Medical Journals" (in which the foreign greatly preponderate), by the same writer; and Reviews of some English and foreign medical works on ophthalmic science and practice. The articles are distinguished by the same excellence as characterised those of the first number; while the criticism is somewhat moderated in its tone. The first number certainly contained too much vinegar and too little oil, and the second number is a great improvement in this respect.

THE 'SOCIAL SCIENCE REVIEW.' EDITED by B. W. RICHARDSON, M.A., M.D. SEPTEMBER, 1864.

Dr. RICHARDSON contributes an article "On Alcoholic Phthisis, or the Consumption of Drunkards," a term which he thinks is fairly applicable to the peculiar disease of the lungs induced by the immoderate use of alcohol in persons of originally sound constitution. The apparent anomaly of administering alcoholic stimulants in the treatment of consumption, while it is admitted that the disease itself is often caused by excess in alcohol, is easily explained by reference to the use and abuse of any given drug or aliment. The subjects of alcoholic phthisis whom Dr. Richardson has

noticed have all been at least thirty-eight years of age; but their average age is about forty-eight, and they are generally good-looking and well-built persons who enjoy life. No form of consumption, according to Dr. Richardson, is so fatal as that caused by alcohol, and remedial measures are of but little service. Change of air is of no value, at least to any distance from home; although some salubrious outskirt is better than a crowded town. The diet of such cases consists chiefly in the administration of alcohol, which, although it has caused the disease, compensates for the absence of other aliments, and suspends, though it does not avert, the fatal termination.——Mr. J. N. RADCLIFFE contributes an interesting paper "On West-End Milliners," describing the physical condition, the food, the dwellings, the hours of work, the wages, and other particulars in relation to this class of operatives. The result of the inquiries made by Mr. Radcliffe was, that the occupation was injurious to health, and that the number of hours employed in work overtaxed the physical power of the women employed.——The other articles in the present number of the Review are on subjects of general interest.

PARISIAN MEDICAL NEWS.

HOSPITAL OF THE SCHOOL OF MEDICINE.—PROFESSOR NELATON'S WARDS.

Syphilitic Sarcocele.

A patient recently applied to M. Nélaton to be treated for hydrocele, and at first sight the tumour might certainly have been mistaken for dropsy of the tunica vaginalis. Several concomitant circumstances suggested, however, to the Professor another view of the disease. The swelling, although very considerable, had formed with extreme rapidity, and hydrocele generally requires six or twelve months to attain its full development. Now, in itself, this fact imparted to the case an unusual aspect, and any unusual feature in disease should awaken the suspicions of the practitioner. On further and more careful examination M. Nélaton soon discovered other particulars which strengthened his doubts. A small amount of effusion, for instance, was detected in the side of the scrotum which was least enlarged, and pointed to the probability that the double hydrocele might be symptomatic of disease of both testicles. Now, syphilis generally attacks simultaneously or in succession both testicles, and the Professor having punctured the tumours and removed the serous effusions, was enabled to examine the organs with all desirable minuteness, and found that on one side one-half of the gland was included in an indurated mass about three lines in thickness, which surrounded the testicle like the cup of an acorn. Incipient signs of a similar affection were plainly perceptible on the side least affected, the epididymus being tumefied, and granulations existing on the surface of the organ. The testes presented, therefore, a complete conspectus of the anatomical changes characteristic of syphilitic sarcocele.

We have stated that the disease seldom occupies one of the glands only. When this seems to be the case, the apparently healthy testicle is really in the incipient stage of the affection, and by careful examination granulations, or even an indurated patch, may be discovered on the surface of the tunica albuginea, and often also a slight effusion in the vaginal cavity. In the present instance, M. Nélaton sought for a symptom which has been pointed out by M. Notta, of Lisieux—viz., the absence of the peculiar sensation caused by pressure of the testis. This sign existed on the most severely implicated side only; and this is frequently the case. The analgesia indicated by M. Notta is often absent in the earlier stage of the disease, but invariably supervenes in the course of one or two years.

In the patient who suggests the present remarks a peculiar and not unfrequent anomaly was observed. The epididymis was situated at the upper and anterior part, instead of lying as usual along the posterior and inferior region of the gland. The consequence of this inversion was that the liquid had accumulated behind, and not in front of the testicle.

As an additional element of diagnosis, we may further remark that the man acknowledged having been affected with chancre, for which he had undergone appropriate treatment. But the most rational measures instituted for primary and secondary syphilis do not always succeed in averting tertiary symptoms.

M. Nélaton also briefly alluded to the hydrocele, which coincides with syphilitic disease of the testes. It is an entirely passive effusion, of which a complete cure may be effected by merely puncturing the tunica vaginalis with a trochar. In the present instance, however, the liquid formed again, because the sarcocele had not yet been brought under the influence of specific remedies, and because the morbid condition of the seminal gland was of a persistent character.

The treatment, as we have stated on various occasions, consists in the exhibition of proto-iodide of mercury, and iodide of potassium, the former in alterative doses of one-fifth, one-third of a grain, and the latter in fifteen-grain doses or more daily. Under the twofold influence of these drugs prompt absorption takes places; and if the testicle be not atrophied, it soon recovers the integrity of its functions. M. Nélaton has known several instances in which the disease had lasted two, three, and four years, and in which the patients entirely recovered, and subsequently had children. Beyond this limit a cure may yet be effected, but the function is seldom restored. M. Nélaton adduced a case in point, the interest of which is enhanced by the fact that the favourable issue alluded to was obtained by mere accident. M. B——, a banker, had consulted several eminent practitioners for a tumour situated in the epigastric region. It was pronounced to be cancerous; M. Nélaton formed a different opinion, and considered it to be a syphilitic node imbedded in the abdominal muscles. He prescribed an appropriate course of treatment, and a cure was promptly effected. The patient, some time after, informed M. Nélaton that he had formerly been attended by Dupuytren for hydrocele, coincident with swelled testicle. Dupuytren had merely reassured him, and recommended him not to interfere with the enlarged testicle, which was not affected with cancer. M. B—— followed this advice, and for twenty years had paid no further attention to the tumefied condition of the testis, when, to his great surprise, he found it returning to its natural size and consistency, under the influence of the remedies successfully prescribed for the abdominal tumour.

Dupuytren was well acquainted with the syphilitic nature of this kind of sarcocele, for both he and Sir A. Cooper have thrown much light on the true character of the disease, evidently indicated in the writings of Astruc and B. Bell. This momentous question, however, was not yet sufficiently elucidated, and the only effect of the treatment, then confined to the exhibition of mercurials, was to induce a cachectic condition, highly unfavourable to the ultimate cure of the sarcocele.

M. Nélaton concluded with some interesting remarks on a state of hypertrophy of the testis, peculiar to certain climates, which is calculated to mislead the practitioner's judgment. In Brazils, for instance, hydrocele is of extremely frequent occurrence, and often affects both sides of the scrotum. When the liquid is drawn off, the gland is found in an enlarged condition, its shape is irregular, and syphilitic sarcocele might be supposed to exist. This, however, would be an error; the anomaly is not referable to morbid action, but to mere hypertrophy of the testis or its envelopes. This fact should, therefore, be remembered, and, especially in the case of a foreigner, the diagnosis should be guarded, and the specific treatment instituted

chiefly as a means of clearing all doubts as to the true nature of the affection.

Inflammation of Venous Tumours.

We remarked above that M. Nélaton recommends caution whenever disease presents very unusual features. The Professor again illustrated this precept in the case of a man suffering from varicose veins in the left leg; the affection was perfectly uncomplicated, the varicose network originating in the divisions of the internal saphena vein, and forming about the knee and on the inner parts of the leg enormous convolutions. Despite the size of the vascular dilatations, the patient suffered no pain. This is not anything unusual, the large varicose veins of the leg and thigh seldom causing any distress, whereas when the disease invades the smaller ramifications around the malleoli and on the dorsal aspect of the foot, the pain is sometimes intolerable, especially in persons whose occupations compel them to stand much, such as printers, washerwomen, &c. The man, therefore, complained of no pain and attended to his usual avocations, when he accidentally injured the lower part of his leg. The entire limb soon presented red swellings of various degrees of hardness. The veins were evidently turgid, and the greenish brown hue which marked their course beneath the skin showed that they contained coagula, and that the colouring matter of the blood transuded through the ambient tissues.

The diagnosis of course offered no difficulty, because the inflamed veins were situated in the leg; the direction of the swellings sufficiently indicated their nature, and the caution inculcated above by the Professor did not therefore apply to this case. But if, instead of being situated in the lower extremity, the inflamed veins had occupied some other region—the axilla, for instance—the diagnosis would have been far more obscure. The patient was a young clergyman, who bore in the right subclavian and axillary regions an enormous bilobated tumour, hard in some parts, softer in others, and surrounded by a considerably enlarged venous network. This mass was regarded by several surgeons as a cerebriform cancer on the eve of ulceration. Some difference of opinion existed as to the expediency of surgical interference, but extirpation was decided on when M. Nélaton was called in; he differed in opinion from the other practitioners who had examined the case, and pronounced the growth to be an inflamed venous tumour, a phlebitis with coagula of different degrees of consistency, attended with inflammatory swelling and distension of the peripheric vascular network; he further opined that in all probability a spontaneous cure would be effected in the course of three months. M. Nélaton's opinion proved correct: three months later the coagula was found to have been absorbed, and the alleged cerebriform cancer, for the removal of which a most dangerous operation was on the point of being performed, was reduced to the proportions of a varicose tumour, liable to produce discomfort, it is true, but not likely to endanger life. Now, in this case, M. Nélaton acknowledges that, on a first impression, he shared the erroneous opinion expressed by other surgeons, and believed the mass to be cancerous; he was, however, guided in the right direction by the reflection that, if this were a case of cancer, its symptoms were singularly unusual. The tumour, for instance, had not existed more than six or eight weeks, a period generally insufficient for the development of cerebriform growths. In the early stage of the disease, severe pain had also been present, a sign not easily reconcilable with the idea of a cancer. M. Nélaton, on the other hand, inquired whether, previously to the development of the tumour, the patient had noticed anything peculiar in the axilla or beneath the clavicle, and received for answer that varicose veins existed in these regions, and that the arm became blue whenever suspenders were worn—an indication which, of course, greatly assisted his diagnosis. The greenish hue of inflamed varicose veins is, in M. Nélaton's opinion, a sign of much value. If the veins are rendered turgid by exercise or by any other circumstance, this colour becomes apparent when the limb is placed in a strong light; it is almost exclusively observed in melanic growths covered with a thin integument, but other symptoms are then present which do not admit of misinterpretation.—'Journal of Practical Medicine and Surgery.'

REVIEW OF BOOKS.

A Companion to the British Pharmacopœia: comparing the Strength of the Various Preparations with those of the London, Edinburgh, and Dublin, United States, and other Foreign Pharmacopœias. With Practical Hints on Prescribing. By Peter Squire, F.L.S. Pp. 208. London: Churchill and Sons. 1864.

One great object of a national Pharmacopœia, as has often been observed, is to consolidate into one uniform system the preparations and compounds employed in the treatment of disease, and to define the weights and measures by which the relative doses of each article may be estimated. As far as the British Pharmacopœia is concerned, these objects, at least, are already accomplished, and it is no longer necessary for the Medical Practitioners of England, Scotland, and Ireland to make use of different preparations and formulæ in order to attain the same object, or to perplex themselves by adjusting the doses of each medicine to suit the views of the compilers of three different pharmacopœiæ. But although as far as the British Empire is concerned, this amount of uniformity has been at last attained, the weights and measures used in Great Britain, together with the drugs themselves, are very different from those employed in foreign countries, and in consequence of the great intercourse prevailing among the different nations of the world, great confusion must still prevail in prescribing and dispensing medicines for the natives of different lands. Mr. Squire has long been devoting himself to the task of reconciling the conflicting elements to which we refer, and to the pharmaceutical calling his labours must have been especially valuable.

It is known that the Medical Council have adopted the avoirdupois pound as the weight to be used in the Pharmacopœia, and this pound is divided into sixteen ounces, each of which contains the inconvenient number of 437·5 grains. As this number is not divisible by 20 or 60, the scruple and the drachm weights are necessarily abolished, although in practice we apprehend that they will still be employed, from their great convenience.

As it has not yet been considered expedient to weigh all liquids as well as solids, the division of quantities into weights and measures is still retained; and hence arises another source of practical difficulty. Mr. Squire cuts the Gordian knot by discarding weights and measures alike, and in his directions for the preparation of medicines he merely expresses the formulæ in parts, as is done with the atoms or equivalents in chemistry. But here another practical difficulty presents itself, for the atoms and equivalents all represent *weights*, and hence the introduction of *parts* into practical pharmacy is of very little service. For instance, we have the preparation of syrup, and we are told by Mr. Squire to take refined sugar, 6; distilled water, 3; but we are not told whether the water is to be weighed or measured: and although we are directed at the top of each page "Solids by Weight, Liquids by Measure," yet, as there is no relationship either by weight or measure between sugar and water, we cannot tell whether 3 means 3 ounces, or 3 pints, or 3 quarts of the fluid; or whether 6 means 6 ounces, or 6 pounds, or 6 hundred-weights of the solid.

We might have made some objection to the doses of medicines recommended by Mr. Squire; but as we find that a second edition of his work, thoroughly revised, enlarged, and improved, is announced for almost immediate publication, we reserve any further remarks for a future occasion, merely observing in the meantime that Mr. Squire's present volume is very creditable to his talents and his industry.

The Insane in Private Dwellings. By Arthur Mitchell, A.M., M.D., Deputy-Commissioner in Lunacy for Scotland. Pp. 97. Edinburgh: Edmondston and Douglas. The Lunacy Laws of England differ most materially from

those of Scotland; and hence the little work before us will hardly be intelligible to an English reader without some preliminary explanation. In England, the policy of the Lunacy Laws is to congregate the insane in huge lunatic asylums; while in Scotland the law recognises two classes of lunatics—namely, those *in* the asylums, and those *out* of them; and the insane in private dwellings are divided into two classes—namely, paupers and non-paupers—and these again are sub-divided into those who live with their relatives and those who live with persons not related to them. It is found that in Scotland 44 per cent. of all the insane are out of asylums, and that 33 per cent. of the whole number of the pauper insane are thus situated, and 65 per cent. of the whole number of non-paupers. The object of Dr. Mitchell is to show, that although many instances of neglect exist in the case of patients kept in private dwellings, yet that the condition of those persons has been much ameliorated in late years, and that it may be made still better by careful supervision. The congregation of lunatics in large, overgrown asylums is deprecated as being injurious to the patients themselves, and as entailing a heavy and often needless pecuniary tax on the community; and it is recommended that the harmless class of cases should be more generally sent into private dwellings, where they may receive individual care, and where they may be able to enjoy a certain amount of freedom and have some scope for the exercise of the affections.

GENERAL CORRESPONDENCE.

THE BRITISH MEDICAL ASSOCIATION AND ITS JOURNAL.

To the Editor of the Medical Circular.

SIR,—How often do we find a fruit bearing the seed of its own destruction; but this is not a wanton caprice on the part of Nature. The imago of an insect seeks to deposit her eggs where the larvæ may find sufficient food; and though sometimes this destroys the fruit long ere either are matured, yet mostly, in this seeming destruction, Nature accomplishes one of her ever-noble objects—giving life out of seeming waste. But man's imitations of nature are mostly signal failures: he may make engines of destruction with the determined object of destroying themselves and everything near them, but his attempts to copy parasites but too clearly show his incapacity; and if he makes an organ bearing the elements of its own decay, its only issue will be a wanton and profligate destruction of itself.

Such an instance is brought before our notice in the weekly publication of a useless sheet of print, the parasite of a most valuable society, swallowing up almost the whole of its substance.

The British Medical Association is one of the most noble and most useful institutions we possess, but its weekly Journal is the most useless compilation that is set to type. We cannot even write of it as though we were discussing the merits of a periodical seeking to emulate the existing Medical Press in position, importance, and circulation, for such it is not. Its numbers never come into competition with those of any other Journal, and a copy is rarely or never sold. The numbers are forced on the members only to give them continued annoyance; for instead of reflecting their views, either scientific or political, it vaunts itself against those with whom it cannot compete, and with the boastful, envious tone it bears towards the enterprising press of private speculation it makes angry all who waste a few moments in looking through it. Surely this is not the spirit for a private Journal to assume.

The British Medical Association, like the fairest fruit, is about to fall, because its inner self is eaten away by the destructive canker. The parasite has sucked up the fruit's life, and the fruit will fall, but the parasite must die with it.

The British Medical Association has a handsome income, but, like a schoolboy with a sovereign, has squandered it in rubbish, not knowing how to spend it. Now, however, its true claims call, and its past experience, we hope, has taught it the value of money. A Provident Fund, a Widows' Fund, and Science itself have just claims on its support. Let the British Medical Association die as the nourisher of a sickly parasite, let it relinquish its useless toy, and let it assume its real position; not by its weekly sickly effusion, but by its usefulness. A Provident Fund can be established, giving aid far and wide to the needy sick, without the restriction of age or the proposed examination of the unfortunate man's constitution. The Widows' Fund might be supported and maintain its present sphere of usefulness without its present subscription list, or enter upon a very much more extended scale; while a handsome income may be left, not only to pay the working expenses, but also to publish a yearly volume of Transactions. Then, at the annual meetings, papers of infinite value would be brought forward, and those members whose arduous labours are rewarded by bright discoveries would be proud to communicate their observations, knowing they would be preserved. Now, however, it is rare for able workers to report any facts of importance, as they well know that the fate of their treasures would be to be buried among the mouldering leaves of the Association's weekly print; while, for the sake of encouraging and supporting discussion at the meetings, they prefer making a few extemporary remarks—perhaps making their notes on the backs of their admission cards, as we saw in the late meetings held in the Senate-House of Cambridge. What could more strongly than this prove the opinion of those extenders of information, as to the medium through which they were about to make known their discoveries?

A noble example is set by the British Association now holding its meeting in Bath. Let the British Medical Association follow that example, and remodel itself, having cast off its cankering caterpillar. Let it hold its yearly meetings, and vote its funds to proper objects. A Provident Fund may receive a handsome income, a Widows' Fund may become the pride of the Association, and its Transactions will become the mirror of its significance. Thus we would wish to see the British Medical Association, and joyfully would congratulate it the moment it assumed its new colours.

I am, &c.,

14th Sept. A MEMBER OF THE ASSOCIATION.

POOR-LAW MEDICAL RELIEF.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your giving insertion to the following correspondence, which will inform the Poor-law Medical Officers that there is a prospect of some relief being yet afforded them; whether that relief will be of a substantial character, or not, time will disclose. A liberal measure on the part of the Poor-law Board may tend to allay much of the present dissatisfaction which prevails amongst their medical officers; the reverse will, most certainly, drive us to lay our grievances before the House of Commons next Session; and woe betide those members, at the general election, who turn a deaf ear to our complaints. I have votes in two counties and a borough, and it is my intention to give my support to those six members only who will promise their aid to an equitable adjustment of the system of Poor-law Medical Relief. If all the medical men would do the same, the grievances of the Poor-law Medical Officers would quickly vanish.

I am, &c., RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
3rd September, 1864.

12 Royal terrace, Weymouth,
22nd August, 1864.

MY LORDS AND GENTLEMEN,—On the 11th of last March the Select Committee on Poor Relief recommended "that, in future, cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board."

As some months have elapsed since the recommendation was made, I take the liberty to ask the favour of your informing me if it is your intention to issue any order on

the subject, or whether you propose to bring the recommendation of the Committee before Parliament next Session? I make this inquiry on public grounds, as many Poor-law Medical Officers have written to me respecting the recommendation.

I have the honour to be,
My Lords and Gentlemen,
Your obedient servant,
The Poor-law Board. RICHARD GRIFFIN.

Poor-law Board, Whitehall,
2nd September, 1864.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 22nd ultimo, and to inform you that the subject to which you refer has been under their consideration; but that they have not yet come to a decision as to the measures which it may be desirable to recommend the Guardians of the different Unions to take, with reference to the resolution of the Select Committee on Poor Relief, as regards the supply of expensive medicines.

The question, however, will receive the attention of the Board forthwith. I am, Sir, your obedient servant,
H. FLEMING, Secretary.

Richard Griffin, Esq.,
12 Royal terrace, Weymouth.

POST-PARTUM HÆMORRHAGE.

To the Editor of the Medical Circular.

SIR,—In the several communications I have seen recorded in your valuable journal "On Post-Partum Hæmorrhage" and its varied treatment, I feel somewhat surprised that mention is not made of the mode adopted by me now twenty years since, cases of which are recorded in the 'Medical Times' both by myself and others at different periods. It is very evident that your respected correspondent, under the head of "Original Communications," who writes so clearly and so well on the subject generally, does not allude to my practice, which has succeeded so well, not only in my own, but in the practice of several of my professional brethren, the treatment of which consists of intra-uterine injections of *alcoholic stimulants*—such as spt. vini rect., brandy, rum, &c., or others which may be in readiness when occasion requires. They may be diluted with water or even otherwise, as the urgency of the case demands. The mode adopted is by attaching an elastic tube to an enema syringe, similar to the one used for the stomach; injecting the mixture into the cavity of the uterus; at the same time outward pressure to be made on the abdomen over the region of the uterus, when contraction speedily follows, and the flooding is restrained. Moreover, should any portion of the placenta have been retained, it will very soon be expelled, and the sufferer rendered safe from such impending danger.

It is alike applicable in all cases of hæmorrhage from the uterus connected with, and during, utero-gestation, and otherwise. In fact, I am not aware that the treatment thus practised has ever failed to produce the desired results.

I am, &c., THOS. R. TORBOCK, M.D.
Darlington, Sept. 2nd, 1864.

SCURVY IN THE MERCANTILE MARINE.

A correspondent of the 'Medical Times and Gazette' makes the following remarks:—"The public will be surprised to learn, from the statistics of the Dreadnought Hospital ship, that, during the last twelve years, the entries on account of scurvy have remained at a fixed average; that eighty-six cases were admitted last year; that Liverpool ships take unenviable precedence in sending the largest number; and that fifty-four are already entered on the books of the Dreadnought for the present year. Inquiry has also elicited the following particulars:—That many vessels have no lime-juice on board; that in many more the lime-juice is so bad as not to be drinkable; that from 30 to 70 per cent. of the crews of vessels are frequently disabled from scurvy, so as to reduce the manual power at least one-half; it being, too, tolerably well known that most ships are under-manned. *Apropos* of bad lime-juice, we are told by a letter from a Liverpool correspondent in the 'Times' of August 29 that a large proportion of so-called lime-juice shipped at that port contains no juice of the lime or lemon at all. Two cases of scurvy have, during the past week, been received on the Dreadnought from a vessel that assisted to swell the number of admissions from this disease last year, and similar instances could be quoted by which ships have gleaned a reputation (?) for scurvy. In thus briefly remarking upon this Report, we have but to remind our readers that for many years the Royal Navy has been entirely free from this malady, and that two or three lines of ships, sailing from the port of London, would, in the persons of their owners and captains, deem it almost an insult to be asked if cases of scurvy ever existed among their crews. It never occurs on these ships, and they finish a voyage to and from India and China with their men in as healthy a state (*in re* scorbutic diseases) as when they started from Gravesend outward-bound. These facts show very clearly indeed that there is ample scope on this head for the exertions of our sanitary reformers. The work would be good in every way, for it would soon obliterate from our sick returns a disease the existence of which is a national disgrace, and it would lessen, in a superlative degree, the severity of other ills to which flesh is heir, and the causes of which are beyond the control alike of the physician and health officer. But the law must aid this cause as it has aided others; the remedy can, and ought to be, so effectual that cases of scurvy would be almost unknown, and we should then establish a sanitary prestige for our mercantile marine."

THE MEDICAL OFFICER OF HEALTH FOR ST. MARYLEBONE.

RETIREMENT OF DR. HASSALL.

Dr. Hassall has retired from the candidateship for the appointment of Medical Officer of Health for Marylebone. He has addressed the following remarks *inter alia* to a contemporary:—

"When I first entertained the idea of offering myself as a candidate for the post of Health Officer for St. Marylebone, it was in the belief that the appointment of a certain individual had not been predetermined, and that each candidate would have both a fair field and fair play. I supposed that the choice would be determined by qualifications, and that the best man would have the greatest chance of success; that a majority of the vestry understood the duties and functions which properly belong to an officer of health; and, finally, that the officer selected would be treated with that consideration and respect which he individually had a right to look for, and which it was necessary that he should receive to enable him to perform his duties in an efficient and independent manner.

"I find that on all these points I have been mistaken; that the appointment has already, and I may say, indeed, has long since been virtually bestowed upon another who is himself a vestryman; that, with a majority of the vestry, qualifications are allowed to prevail scarcely to the extent of a feather's weight; and that, so far from desiring to choose the man most qualified for the office, their choice has already been determined mainly by private and personal considerations. I find, further, that great ignorance prevails in the minds of many vestrymen as to the proper qualifications and duties of a sanitary officer: special scientific attainments and sanitary knowledge they regard with marked disfavour, and consider that his sphere lies in the detection of bad odours and the use of chloride of lime and whitewash. They know nothing about, and many of them are incapable of appreciating, the subtle influences which induce disease, or the nature of those means which should be employed to obviate its occurrence. Lastly, the fact has been impressed on my mind that but few men could hold the appointment of officer of health for St. Marylebone without being subjected to indignities to which no gentleman ought to be called upon to submit, and which few men would be willing to

encounter. The late Dr. Thomson, I am grieved to learn, was at times sorely tried by conduct which only an individual of a very forbearing disposition, and one actuated by a high sense of duty, could have tolerated; while for myself, I have been informed that even less consideration would be shown in the event of my election."

The following remarks are on the same subject from the 'Social Science Review':—

"In the absence of other political strife in the metropolis, the election of Medical Officer of Health for Marylebone is exciting interest. This important office has become vacant, owing to the death of the distinguished physician and chemist, Dr. Robert Dundas Thomson. Considerable feeling has been elicited from the circumstance, that, previous to the death of Dr. Thomson, a large number of the members of the Vestry, which holds the power of selection in its hands, pledged themselves to the support of one particular candidate. Against this proceeding two hundred of the leading physicians and surgeons of the parish have sent in a protest, in which they maintain that the office ought to be given to a man of scientific standing, whose learning and skill would insure confidence—a suggestion which, in the abstract, no one can reasonably dispute. Unhappily, too strong a personal interest has been evoked, and it is to be feared that, under this impulse, the duties and value of the office will be forgotten. With all respect and sympathy for the principle of local self-government, we should be false to our position did we not express the opinion that, if exhibitions such as are now being made in the Marylebone district become frequent, some legislative measure must be introduced by which the elections of the guardians of the public health will be placed on a fairer and more satisfactory footing."

AMERICAN VIEWS OF THE PSYCHOLOGY OF FRANZ MULLER.

A correspondent of an American journal writes:—"I have carefully studied Muller's appearance while in court, and have closely noted his actions, to see whether I could detect anything in his deportment bearing upon the question of his guilt or innocence. During all the proceedings he maintained an aspect of stolid indifference. While the council for the Crown was detailing the circumstances of the atrocious crime which it seems certain that he committed, and even when those mute but eloquent evidences of his guilt—the hat and watch—were produced, not a muscle of his face moved, nor did he betray in any manner the slightest interest in the progress of the proceedings. And yet this indifference could not be attributed to a want of intellectual capacity or a lack of acquaintance with the English language. When addressed by the Commissioner, he rose from his chair with much more self-possession and composure than did his counsel when either of them had occasion to address the court, and replied to the questions which were asked with such a degree of readiness which indicated that he could understand all the proceedings sufficiently to appreciate their significance and importance. Such continued and maintained indifference could be assumed only by a hardened criminal, and this Muller certainly does not seem to be. Only one other hypothesis could account for it, and that is that there is something lacking in his mental organisation. He appears like a man who might become possessed with some monomania, such as that which certain of the witnesses examined by the coroner's jury hinted at—that he might dwell upon the idea that he must become possessed of a gold-watch, for instance, and finally sacrificed everything to the attainment of this object. He has the light complexion and hair, with the blue eyes common to all Germans, and when I saw him yesterday his eyelids drooped drowsily, and the balls were bloodshot, as if he had been deprived of his usual rest. When sitting his head falls forward slightly, and his countenance is not at all striking. I am sure that the oldest criminal lawyer in the court room yesterday would have hesitated before selecting him from the crowd as the probable culprit; but when he stands you see his chin is of the square, bull-dog type; his mouth is quite wide, and his thin, closely-set lips give his countenance a determined tenacious expression which is almost repulsive. Although he has certain type and grade of intellectual capacity, it will not do to give him too high a rank. No murderer certainly who had been so favoured by fortune as was Muller after the commission of the crime—no man possessed of ordinary foresight, who had deliberately taken the life of his fellow from paltry motives of gain—ever so deliberately threw away chances of escape which promised so well, and walked so straight into the hands of the officers of the law. It seems incredible that he should have dared to dispose in London of the watch-chain which he had just taken from his victim, that he should finally have taken passage for this country in a sailing vessel, which he must have known could be anticipated by a steamer, although the former had three weeks the start. That Muller could perpetrate such stupid acts as these when his life was in the balance argues a mental deficiency of some kind."

The 'New York World' says:—"Eye hath not often seen, nor hath ear heard of, nor hath it entered into the heart of man to conceive of a more consummate booby than this wretched creature appears to be. That the man just captured on board of the Victoria packet ship is really the assassin of the unfortunate Mr. Briggs appears hardly to admit of a doubt. But the combination of circumstances by which this conviction is pressed home upon the mind argues a degree of mental as well as moral obtuseness in the criminal which is at least quite as extraordinary as the history of his detection, pursuit, and seizure. It has been commonly held that crime sharpens the wits; and as commonly that in one educated under the restraints and in the habits of civilised life there will generally be found to be some proportion between the motive of a crime and its gravity. Both of these tenets are thoroughly upset in the case of Muller, so far as it is now before the public. Here is a journeyman tailor, not less well educated than most German workmen of his class, sufficiently social in his habits, surrounded by all the influences which are thought most sure to repress the savage instincts, if not to develop the better attributes of man, who is yet so absolutely in the same moral condition with a Papuan or a Zooloo that he suffers himself to be tempted by the mere desire of possessing a shining bauble into committing an atrocious murder in the very midst of the teeming population of the largest city in the world, and at a time and in circumstances which, to a person of his experience, must have suggested a thousand probabilities of discovery and of punishment for one chance of success and escape. The deed done, he goes on to drop as many signs and tokens of his movements about him as if he were another Hop-o'-my-thumb trying to put his brothers on his track. No detective could have laid a better plan to entrap him than he laid himself for his capture This fatuity clung to him to the last moment. Even after it had become apparent to him on board of the ship in which he was sailing to his doom that suspicion was in the air about him, he continued to wear his victim's watch, which a single turn of his hand might have sent to the bottom of the unrevealing sea, and his victim's hat, which he might so easily have sent after it. This is the most striking, and, for the matter of that, the most alarming feature of this singular tale of crime. Upon what an age have we fallen if murder has come to be regarded, in the midst of the most civilised communities, and by men brought up in the fear and obedience of the law, as no more startling an offence, nor stimulating to any greater concern for its consequences than petty larceny or a breach of trust."

QUEEN'S COLLEGE, BIRMINGHAM.—Dr. Foster has been elected Professor of Anatomy in this College on the recommendation of the medical faculty. They have recommended that Mr. Lloyd should succeed Dr. Foster in the Chair of Descriptive Anatomy. Dr. W. Wade has resigned his appointment of the Chair of Practical Medicine, on the ground of increasing private duties.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst. :—Sykes Bramhall, Clifton ; William Samuel Britton, Acacia road, St. John's wood ; Charles John Grellett, Lloyd street, Lloyd square ; James Hickenbotham, Birmingham ; David Hughes, Charing cross Hospital ; Benjamin Lamb Powne, Billingborough, Lincolnshire ; Thomas Greville Thursfield, Broseley, Salop ; William Foster Vise, Spalding, Lincolnshire.

The following gentlemen also on the same day passed their first examination :—Arthur Hy. Pitcher, St. Thomas's Hospital ; Henry Cripps Rogers, St. Bartholomew's Hospital.

SOCIAL SCIENCE.—The programme of the National Association for the Promotion of Social Science, for the eighth annual meeting, which will begin at York on Thursday, September 22nd, has been issued. On the first day there will be afternoon service in the Cathedral, and a sermon will be preached by the Archbishop. At five p.m. the council will meet at Guildhall, and at eight there will be a general meeting of members and associates in the festival concert-room, the opening address to be delivered by the Right Hon. Lord Brougham. On Friday, at 10·30 a.m., the president of the first department (Jurisprudence), Sir James Wilde, will deliver an address to members and associates in the festival concert-room, immediately after which the business of the several departments will commence. At eight p.m. a working men's meeting will be held in the festival concert-room, at which Lord Brougham has consented to preside. On Saturday the business of the several departments will be continued. On Monday, the president of the second department (Education), the Archbishop of York, will deliver an address to members and associates in the festival concert-room. On Tuesday, the president of the third department (Health), Sir Charles Hastings, M.D., will deliver an address to members and associates in the festival concert-room. At eight p.m. there will be a *conversazione* in the assembly rooms (evening dress), open to members, associates, and ladies holding associate tickets. On Wednesday the president of the fourth department (Economy and Trade) will deliver an address to members and associates in the festival concert-room. On Thursday there will be a meeting of the general council at the Guildhall ; and at two p.m. the concluding general meeting will be held in the festival concert-room.

INSANE PRISONERS IN IRISH PRISONS.—The Inspectors-General of County and Borough Prisons mention a most remarkable practice prevailing in Ireland, and sanctioned by law—the practice of employing sane prisoners to act as keepers over lunatic prisoners, rewarding these keepers by extra diet and other indulgences incompatible with the discipline of a place of punishment ; and, strangest of all, the governor has no power of selection, but must accept any prisoners who volunteer to discharge the duties. The average of dangerous lunatics in the prisons in the year 1863 was 353, and they were entrusted to the care, not of skilled attendants, but of fellow-prisoners, most of them persons convicted of grave offences, for which they had been sentenced to hard labour—many for homicide, rape, burglary, or brutal assaults, these persons being bribed by a remission of punishments to take charge of patients frequently unable to complain of any ill-treatment which they may receive.

ELECTION OF PROFESSOR TO THE CHAIR OF SURGERY IN THE EDINBURGH UNIVERSITY.—A meeting of the curators of the University of Edinburgh was held on Wednesday —the Lord Provost presiding—for the purpose of electing a Professor to the Chair of Surgery, rendered vacant by the death of Professor Miller. There were two candidates for the office—Mr. James Spence, Senior Surgeon to the Edinburgh Royal Infirmary ; and Mr. Joseph Lister, Professor of Surgery in the University of Glasgow. The curators who were present at the meeting held within the College on Wednesday were the Lord Provost, Sir William Gibson-Craig, Mr. David Mure, Mr. Adam Black, and Bailie Johnston. Letters were read from the Right Hon. W. E. Gladstone, Chancellor of the Exchequer, and Sir David Brewster, who were prevented attending the meeting. In their communications both these gentlemen intimated their intention of voting by proxy for Professor Lister. A long discussion took place in regard to the legality of receiving votes by proxy in the Curators' Court ; but ultimately it was decided to receive the proxies and proceed with the election. The Lord Provost moved that Mr. Spence be elected to the vacant chair, and this motion was supported by Mr. Mure, Mr. Black, and Bailie Johnston. For the election of Mr. Lister, Sir William Gibson-Craig voted, and the claims of this candidate were also supported by the proxies of the Chancellor of the Exchequer and Sir David Brewster. Mr. Spence was accordingly declared elected by a majority of 4 to 3.

DR. COLENSO.—Dr. Colenso, Bishop of Natal, writes :—"A paragraph has been going the round of the Journals to the effect that I have 'received and accepted an invitation from the authorities to attend the approaching meeting of the British Association,' to which it is now added that I am about to 'take part in its proceedings.' Will you allow me to say (in order to prevent mistakes) that I have received no such invitation ; that I purpose being present at the meeting of the Association, as any other member might be ; and that I hope to derive pleasure and profit by 'taking part' in its proceedings as an attentive listener ?"

A NEW CONVALESCENT HOSPITAL.—Mr. Banting, whose name has been associated with the treatment of obesity, has issued an appeal to the public for the erection of an hospital to be named the "Middlesex County Hospital," as a thank-offering for himself. Mr. Banting heads the list with the liberal donation of 500*l*.

BARON LARREY.—In a letter to a non-medical contemporary, Mr. A. M. McWhinnie relates the following interesting particulars connected with the history of this celebrated surgeon :—"A statue having been lately erected in honour of Larrey, a few incidents in addition to those published relating to this famous surgeon may be particularly interesting at this moment. The ardour, intrepidity, and endurance of this great man were proverbial, and he was tried in all, whether, as General Petit says in his *Eloge*, 'under the fire of a hundred batteries, or in the silent perils of pestilence and famine.' He was ever undismayed by fear in any danger, and his genius and humanity commanded the respect and admiration both of his own and of hostile armies. He suffered many very severe wounds, especially when engaged with the army of the Rhine in 1793, as well as at St. Jean d'Acre and at Waterloo. He constantly saw his professional companions fall by his side ; and in the sanguinary campaign in Syria he lost thirty of his surgeons and assistants. Whilst serving in Italy, he induced General Bonaparte to order the construction of the *ambulance volante*. 'The mere sight of these *ambulances*, always attached to the advance guard,' says Larrey, 'encourages the soldiers, and inspires them with the greatest courage.' The monument at Tarbes, Larrey's birthplace, is not the only one erected by his grateful and admiring country, for a statue in bronze, by David d'Angers (the famous sculptor of those of Ambroise Paré and Bichat), cast from the cannon taken in the different great battles in which this heroic surgeon immortalized himself, was raised to his memory by subscription in Paris ; and Marshal Soult, Duke of Dalmatia, then Minister of War, decided upon its being erected in the *cour d'honneur* the grand square of the Hôpital du Val de Grace. Larrey is represented in his uniform pressing to his heart the will of Napoleon, on which is incribed the sublime eulogium of the Emperor—'*C'est le plus vertueux et le plus honnête homme que j'aie connu.*' Whilst attending the service at the Military Hospital during the three glorious days of July, 1830, amongst other interesting incidents connected with those events M. Larrey himself told me, when assisting him in dressing the wounds of one of the Grenadiers of the Garde Royale, over whom he delighted at that moment to throw the protection of his popu-

larity, that, on the eve of some of the battles during the Empire, in which many of these very wounded had been engaged, he had frequently slept in the tent, wrapped in the same cloak, with Napoleon."

A MEDICAL MEMBER IN THE BELGIAN PARLIAMENT.—Among the returns to the new Belgian Parliament which have secured a majority to the liberal over the priest party, the name of a distinguished member of our Profession, M. Vleminckx, President of the Academy of Medicine, is comprised. A man of great determination and influence, of eloquent speech, and well versed in all the requirements of the Profession, he is likely to secure a fair hearing in the Belgian Chambers of the complaints of the Profession, which are no less urgent than are our own.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 14.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 15.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 16.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 17.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 19.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, SEPT. 20.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On a Form of Bronchitis (simulating Phthisis) which is peculiar to Certain Branches of the Potting Trade. By C. Parsons, M.D. Edinburgh: Maclachlan and Stewart. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
George May, Esq., Reading	0	5	0
W. H. Moxhay, Esq., ditto	0	5	0
I. Harrison, Esq., ditto	0	10	0
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Jas. Taylor, Esq., Wargrave	0	10	6
Joseph Hinton, Esq., Bath	0	10	0
Amount previously announced	57	1	0
Received at the 'Lancet' Office	3	11	0

Erratum in last impression—Read, "E. Richardson, Esq., 10s. 6d.," instead of 10s.

Yours obediently,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
Sept. 7, 1864.

MR. GRIFFIN.—The letter is inserted.

A MEMBER OF THE ASSOCIATION.—The letter is inserted.

WE have received the two numbers of the 'Schwäbische Volks-Zeitung,' containing articles on what is termed "Die Hirnwuth, or Rabies Anglica," and, after perusing them, we find them to be a mere farrago of absurdity, without a particle of medical or scientific interest. The supposed relationship existing between vaccination and cerebral excitement is a dream which could only have been inspired by potations of indifferent German beer or the fumes of bad tobacco.

DR. T. R. TORDOCK, *Darlington*.—The letter is inserted.

A CONSTANT READER will perceive that we have made use of his communication.

PARACELSUS.—Kakodyle is a compound of arsenic and of carbon and hydrogen, the two latter in the proportions to form methyle. The oxide of kakodyle is called also *alkarsin*. Both alkarsin and kakodyle are highly poisonous, and their smell is very offensive; and hence the name, κακος, bad, and οζω, I smell. Kakodyle has been proposed, we believe, as an ingredient in shells to be thrown into an enemy's ships or fortifications in time of war.

EXPECTANS.—There is no prospect of the appearance of a new edition of the British Pharmacopœia under a year at the least.

R. B.—The paper was not received at the office, or it would have been acknowledged in due course.

THE 'Whitehaven Herald' of Saturday, Aug. 27, has been received.

MR. HENRY H. MUGGERIDGE.—1. It is not illegal to charge for a certificate of death, but we do not know whether payment for such a document can be enforced. 2. The certificate may be withheld under the circumstances mentioned.

A VOICE FROM LIVERPOOL.—The parties named are members of a gang of notorious quacks, and we warn you to have nothing to do with them.

FOR some weeks past we have not received copies of the 'American Medical Times,' which were formerly sent with great regularity.

DR. L.—The newspaper was received.

A SUBSCRIBER.—The party mentioned has acted with so much arrogance and selfishness that he will not receive much sympathy in his present rather uncomfortable position.

MR. H.—The discussion of the subject does not fall legitimately within our province.

Royal Free Hospital.

THE PATHOLOGICAL PRACTICE OF SURGERY—according to the "Principles of Surgery—Clinical, Medical, and Operative"—in a Systematic Course of Original Lectures, illustrated, chiefly, by Cases in the Wards. By FREDERICK JAMES OANT, F.R.C.S., Surgeon and Pathological Anatomist to the Hospital.

INTRODUCTORY LECTURE—Monday, October 3rd, at 3 p.m.

University College, London.—The

SESSION of the Faculty of MEDICINE will OPEN on MONDAY, October 3. INTRODUCTORY LECTURE by Professor QUAIN, F.R.S., at Three p.m. Subject, "Medical Education."

LECTURES FOR WINTER TERM.

Anatomy—Professor Ellis.
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.
Chemistry—Professor Williamson, F.R.S.
Comparative Anatomy—Professor Grant, M.D., F.R.S.
Medicine—Professor Jenner, M.D., F.R.S.
Practical Physiology and Histology—Professor Harley, M.D.
Surgery—Professor Erichsen.
Dental Surgery—Mr. Ibbetson, F.R.C.S.E.

SCHOLARSHIPS, EXHIBITIONS, AND PRIZES.

Three entrance exhibitions, of the respective value of 30*l*., 20*l*., and 10*l*. per annum, tenable for two years, will be awarded on competitive examination to gentlemen who are about to commence their first winter's attendance in a medical school. The examination will be in Classics, Elementary Mathematics, Natural Philosophy, and in either French or German, at the option of the candidate.

ATKINSON MORLEY SCHOLARSHIP for the Promotion of the Study of Surgery, 45*l*. tenable for three years.

LONGRIDGE EXHIBITION for general proficiency in Medicine and Surgery, 40*l*.

FILLITER EXHIBITION for general proficiency in Pathological Anatomy, 30*l*.

DR. FELLOWES' and LISTON'S MEDALS for Clinical Medicine and Clinical Surgery.

Prospectuses and the regulations for scholarships, exhibitions, and other prizes may be obtained at the office of the College.

GEORGE HARLEY, M.D., Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

August, 1864.

The lectures to the classes of the Faculty of Arts will commence on Thursday, the 13th of October.

The Junior School will open on Tuesday, the 20th of September.

A department for pupils between 7 and 11 years of age, separate from older boys.

Struve's Seltzer, Fachingen, Vichy,

MARIENBAD, and other MINERAL WATERS. Under Her Majesty's especial patronage. ROYAL GERMAN SPA, BRIGHTON. STRUVE'S Pump-Room, offering every facility for a course of Mineral Waters as perfect and beneficial as the natural springs, is now open for the Fortieth Season, and will close in November. A Prospectus, with the highest medical testimonials, may be obtained gratis at the Pump-Room, and from GEORGE WAUGH and CO., Pharmaceutical Chemists to the Queen, 177 Regent street (west side), London, and numerous other respectable houses in London and the provincial towns, where orders for Struve's Bottled Waters continue to be executed.

CAUTION.—The success obtained by Struve's Mineral Waters, owing to their perfect identity with those of the natural springs, has induced several parties to attempt imitations, sold as "BRICHTON Seltzer," "BRIGHTON Vichy," &c., an analysis of some of which has shown an utter disregard of their true chemical composition.

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NESIA is the original Preparation for which the Proprietor received a Medal at the Great Exhibition in 1851, and has had the sanction and recommendation of the most eminent Physicians in London, and throughout the empire, for the last fifteen years, as a most agreeable and efficacious Saline aperient and Febrifuge, suitable for all ages and all climates. Sold by all Chemists. Testimonials accompany each bottle.—W. W. KING, Sole Proprietor, 15 Percy street, W.

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and Cubebs are doubtless the best remedies, but are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering them perfectly innocuous by increasing all their curative properties. It has been adopted by the Paris Academy of Medicine after more than a thousand trials in Paris and the different London hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Legros Clark. —'Lancet,' Nov. 6, 1857. The Copahine, which is in form of a pretty pink sugar plum, effects a cure in about six days. 100 Capsules, 4s. 6d.; post-free, 5s. 2d.—At G. JOZEAU'S, French Chemist, 49 Haymarket, London; 22 Rue St. Quentin, Paris; and all Chemists.

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Third Edition, with Further Remarks by Dr. CONVISART, Physician to the Emperor of the French, edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London; may be also had of the Author, 277 Oxford street, price Sixpence.

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—the LANCET—Dr. Hassall, and others, recommend "Waters' Quinine Wine" as an excellent and simple stimulant. Manufactured only by ROBERT WATERS, 2 Martin's lane, Cannon street, London, E.C. Sold by Grocers, Italian Warehousemen, and others, at 30s. a dozen.

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attention of the Medical Professinn is requested to be given to the many advantages of this article as a floor covering, for the Wards of Hospitals, Surgeries, Nurseries, &c. It is non-absorbent, quiet, and warm to the tread, will not hold dust, is very easily and quickly cleaned and will stand any amount of hard wear. It has already been adopted in several hospitals.

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CHANDLER, Anatomical Mechanician, begs to announce that he has been appointed sole Agent, in England, for the Sale and Hire of Dr. LEFEBVRE'S PATENT PORTABLE VAPOUR BATHS. It has been pronounced by the Profession to be the most perfect and effectual means of introducing through the pores of the skin into the body any medical preparation. To be seen in operation at the London Establishment, 66 Berners street, Oxford street.—Inspection invited.

The Medical Circular.

BRITISH ASSOCIATION
FOR THE
ADVANCEMENT OF SCIENCE.

MEETING AT BATH.

The proceedings of the British Association for 1864 were commenced on Wednesday last, by an address from the President, Sir Charles Lyell, Bart., who took for his subject the ancient history and geology of Bath, with especial reference to the nature and origin of the mineral springs which have made the city famous for many generations.

The business of the different sections commenced on Thursday morning, and they were more or less well attended, according to the more or less popular character of the papers read and the questions discussed. The attendance of ladies was very great, in some of the sections exceeding that of the other sex; and even in the sections devoted to Zoology and Physiology, where topics altogether of an anatomical and physiological character were introduced, they patiently held their ground and appeared to take considerable interest. The Mathematical and Physical Science Section, which is considered by the learned as the highest in rank of all the departments, and where subjects of so lofty a character were introduced as the structure, the chemical composition, and the probable population of the planets, was but thinly attended, the speculations of the writers and speakers being probably beyond the comprehension of most ordinary mortals, even although they were members of the British Association; but the sections on Geology, on Zoology and Botany, and on Geography and Ethnology, were very numerously attended, although the meetings were held in very large rooms. The Chemical Section was also numerously attended; but that of Physiology, which is made a sub-section of Zoology and Botany, was not very well supported, although the papers and discussions were of considerable merit.

We have printed below abstracts from some of the papers and discussions on subjects connected with Medicine and the Collateral Sciences. In Section B, which is devoted to Chemistry, Dr. Daubeny made the following remarks upon

THE PROPERTIES OF THE BATH WATERS.

As some of the older inhabitants of Bath may recollect that I was engaged for more than a month in 1832 in investigations connected with these thermal waters, and that the results I had arrived at were deemed worthy of a place in the 'Philosophical Transactions' of that year, it will perhaps be expected that I should take this opportunity of communicating to one of the sections some of the facts and conclusions to which I had arrived at the period alluded to, since those who are not acquainted with my original memoir may desire to have its principal contents briefly laid before them on this occasion; and those who are, may still be curious to learn whether my own later and more matured experience, or the subsequent observations of others, have tended to modify or overthrow the theory which at that rather distant period I have ventured to propound. Now, although the origin of thermal waters is a question which belongs more properly to the domain of Geological Science, as will indeed be appreciated more fully after the masterly exposition of their nature which we have just received from a professed geologist, yet, as the only claim I have ever had to be considered one is founded on my attempts to apply the principles of chemistry to the explanation of physical phenomena, and as the reasonings which I have to submit to you on the present paper will only be appreciated by chemists, I have deemed it most appropriate to offer these remarks on the thermal waters of this place to the section which I have now the honour of addressing. I should state, in the first place, that the investigations to which I allude have no reference to the medicinal virtues for which the Bath waters have so long been celebrated. These, which, in the eyes of most of my audience, naturally figure as the foremost of the questions which can come before us in connection with the thermal springs alluded to, must, I suspect, be assumed merely upon the testimony of the many persons who have from time to time experienced benefit from their use, as they could not have been deduced *à priori* from a knowledge of the properties belonging to their ascertained constituents, whether individually or collectively taken. In this respect, however, Bath only stands upon the same footing with other thermal waters of established reputation, some of which even, such as the far-famed springs of Gastein, in the Tyrol, are, so far as we know, entirely destitute of any mineral ingredient that could affect the system; so that in their case we seem only to have the alternative of concluding that the benefit derived from their use arises from the change of air, the physical elevation, the cheerful society, and the like, to the beneficial influences of which the patient is subjected, or else that some as yet undiscovered principle lies latent in the waters. Under the impression that the latter might probably be the case with those of Bath, I have lately concentrated by evaporation considerable quantities of this water, and have tested the residuum with the view of ascertaining whether, besides the ingredients determined by previous analysts to exist in it, certain other principles might not also be present, at least in infinitesimal quantities. I was encouraged to make this attempt by the success obtained from their labours in that direction by Bunsen and Kirchhoff, who, by evaporating about 12,000 gallons of the mineral water of Durckheim, in Bavaria, extracted from the solid residue two metals before unknown, which had first revealed their existence in the water to these chemists, by the application to them of their method of spectrum analysis. I could, however, discover no trace either of barytes, of strontia, or of lithia in the solid constituents obtained from the Bath waters, although, with regard to the latter, I availed myself of the same delicate optical test for which we are indebted to the above-named experimentalists, by which it is well known the minute quantity present in the ashes of tobacco is readily detectable. The only new substances of which I found reason to suspect the existence were phosphoric acid and bromine; the latter indeed one which, from researches carried on by myself many years ago, on a number of mineral waters belonging to this county, as may be seen reported in my paper in the 'Philosophical Transactions' for 1830, might have been conjectured as likely to exist, from finding iodine also in them, and indeed even from this element being so commonly associated with chloride of sodium, a salt which forms so large a part of the mineral constituents, prevailing in the Bath waters. I do not indeed infer from these experiments the entire absence of the ingredients which I failed to detect, but only their not being present in quantities sufficient to communicate medicinal qualities to the water; for Professor Roscoe, whose skill and experience in the use of the spectrum apparatus is so well known, informs me that he has detected lithia, barytes, and copper in these springs. To him, therefore, I must refer you for further information on this subject, merely remarking that these substances in minute quantity are so greatly diffused throughout nature, that we should not be justified in attributing any medical efficacy to their presence, unless they had been found in larger quantities than those in which Professor Roscoe appears to have detected them. Despairing, then, of being able to throw any additional light upon the cause of the efficacy of those springs in the case of disorders, or of adding anything

material to the information already supplied by competent authorities as to the nature of the salts which impregnate them, I confined my attention to one point of scientific rather than of medical importance, namely, the quality and quantity of the gases which are disengaged through the same apertures or fissures in the earth from which the thermal springs themselves issue. As the results of the examination I undertook for this purpose in the summer of 1832 are given in full detail in the 'Philosophical Transactions,' vol. 124, I will not detain you further on this point than by stating that the quantity of gas disengaged from the King's Bath oscillated between 530 and 80 cubic inches in a minute, averaging, however, in the course of the month during which the observations were continued, 267 cubic inches per minute, and the usual range of variation being from 339 to 207. From these dates, therefore, I inferred that the quantity of gas issuing from this source alone could not be less than 222 cubic feet in twenty-four hours. Nor did the disengagement appear to be affected by the changes of atmospheric pressure or other meteorological conditions which occurred during the period at which the observations were conducted. The phenomenon, too, is not of recent origin. We at least know that it was exhibited in full force a century and a half ago; for Guidot, who wrote on the Bath waters in 1696, seems to allude to it, when speaking of the manner in which they "bubble up, as if from a cauldron." Indeed, analogy would induce us to assign a much longer duration than this to the gaseous emanations of Bath. We are assured that in other instances, when such phenomena present themselves in apparent connection with volcanic operations, no change has been noticed in their intensity from a period anterior to the Christian era. Thus the *Amsaneti Valles*, situated in the Apennines, midway between the active volcano of Vesuvius and the extinct one of M. Vulten, were celebrated in the time of Virgil, on account of the same copious evolution of carbonic acid gas, which renders the access to them in certain spots perilous at the present time. The description given of them, and of the lake or pool which they contain, by the poet, fully bears out this inference. The same remark applies to the phenomenon exhibited at the Lago Naptia, a pool, or small lake, situated about twenty miles from Catania, in Sicily. Here, as I myself witnessed, the water is in a state of continual ebullition, owing to the escape of gases, chiefly consisting of carbonic acid and sulphuretted hydrogen, accompanied with the vapour of petroleum, from which the substance Naphtha is derived. Now, it is well known, from classical writers, that this very spot was, from the same cause, an object of popular superstition in the early ages of Greece, and that an altar was there erected, upon which human sacrifices were at one time offered, dedicated to the Palici, the twin sons of Jupiter by the Nymph Thalia, who, according to the fable narrated by Ovid, was concealed by the god from the vengeance of Juno by being buried underground, and who, when the time of her delivery was come, emerged from the earth with her two infants at the spot from which these mephitic gases proceed. Now, even in places beyond the range of existing volcanic action, we appear to have evidence of gases being given out at times as remote as those of ancient Greece, on the very spots at which travellers have recognised them at the present day. Thus, Dr. Clarke, in his travels in Greece, tells us that the hot springs which gush out from the foot of Mount Ætna, in Thessaly, and at the pass of Thermopylæ, emit, at present, bubbles of sulphuretted hydrogen gas. Now, this same spring is noticed by more than one of the writers of antiquity; and according to Dr. Clarke, the allusion made by Sophocles, in his 'Trachiniæ,' to the fable of the poisoned tunic which Deianira presented to Hercules, implies that the same evolution of gas took place from the spring at that period as at present. For the poet describes some of the wool of the garment, on being thrown down on the site of these hot waters, as causing frothy bubbles to rise from the earth. From this and other facts of the same kind, which time alone prevents me from bringing forward, it may be inferred, reasoning from analogy, that the evolution of gas from the Bath waters is not due to any adventitious cause, but is essentially connected with the very existence of the heat which characterises them; and this inference is confirmed by the peculiar nature of the gases which are here brought to the surface. Of these, a variable quantity, rising sometimes as high as 13 per cent. of the whole, but in general only amounting to 4·5, consisted of carbonic acid, the explanation of which I am disposed, for want of time, to reserve for another opportunity. Confining myself, therefore, to the consideration of that larger proportion, averaging about 55 or 96 per cent. of the whole quantity which rises from the spring, I may state that it is made up of the two constituents of the atmosphere, only in very different proportions from those in which they there exist; for whereas in the air we breathe the oxygen bears the proportion of one-fifth to the nitrogen present, the gas exhaled from the Bath waters did not amount to more than four per cent., leaving for the nitrogen associated with it the whole remaining quantity. Thus, the composition of the gas may be represented as follows:—Carbonic acid, 4·5; oxygen, 3·8; nitrogen, 91·7 (95·5); total, 100: whereas in common air there would have been present in the 95·5 parts—oxygen, 3·8; nitrogen, 76·4; total, 95·5. If, therefore, the gas emitted be derived from atmospheric air, the latter must have parted with four-fifths of its oxygen before it reached the surface of the earth. One is also disposed to attach greater importance to this phenomenon, from finding that it is not limited to this one particular case, and cannot therefore be referred to any local peculiarity, but that it is common to all natural springs whose temperature presents any marked excess over that belonging to the locality in which they present themselves. I have been enabled, in the course of several journeys, embracing most parts of Europe, and likewise parts of North America, to examine the greater part of the thermal springs occurring in both these continents, with reference to this particular phenomenon, and in scarcely a single instance have I failed to detect bubbles of gas issuing from the source, which, upon analysis, generally proved to consist chiefly of nitrogen, with a variable quantity indeed of oxygen, but are rarely approaching in amount to that present in atmospheric air. In some instances, indeed, the presence of nitrogen was marked by the predominance of carbonic acid or of sulphuretted hydrogen, and in a few cases no gases of any kind were emitted. This last, however, only happened in those localities where the heat of a volcano still in a state of activity had pervaded the sub-soil to such an extent as to cause it to elevate, in a marked manner, the temperature of any water which had reached it from the heavens. Such was the case with the thermal waters existing in the island of Ischia, near Naples, the well-known site of modern volcanic action, and therefore, in all probability, still affected by the processes which we hear to have been going on only a few centuries ago in the island by the overflow of the lava at Capo d'Arsa in 1308, if not by those manifested in its immediate vicinity under reservoirs on the Solfatara, at the present time.

SUB-SECTION D—PHYSIOLOGY.

ON THE PRESENT STATE OF THE DIETARY SYSTEM.

This section was presided over by Dr. Edward Smith, LL.B., F.R.S., who read a paper "On the Present State of the Dietary Question." He adverted to the fact that out of 700 poor-law dietaries of paupers in workhouses not two were alike. The condition of the dietary of the army and navy was until recent years most deplorable. At the latter part of the last and early part of the present century scurvy, due to ill-selected food—biscuits which could not be broken, and salt meat that could not be cut—was rife even in our national navy, and inquiries made by Dr. Budd some twenty years ago, and by Dr. Barnes this year, had shown that this disease was still not infrequent in the fore-cabins of our merchant navy, but it was not found in the master's cabin, nor amongst the well-fed officers, but amongst the ill-fed seamen. The state of the dietary in our prison population was not only less satisfactory than that of our army and navy, but was very unsatisfactory. He referred to several instances in which it had been found requisite to diminish

the allowance of food to convicts, and to others in which it had been increased—changes made under the mere influence of public opinion by medical gentlemen on grounds which were illogical, and without making use of the only plan by which the fitness of the change could be proved—that of scientific inquiry into the condition in which the dietary was to be used; and he suggested that a Government officer should be appointed to make the requisite scientific inquiries. With regard to dietary in hospitals, an approach to uniformity was possible, but at the present there was a great difference. There was the best reason to believe that the dietary of our private schools and colleges and charitable institutions for the maintenance and education of the young had greatly improved, but it was a subject which should demand public attention. There were multitudes of cheap schools in the country in which the sum paid by the pupils was manifestly inadequate to remunerate the proprietors of the schools. A consideration of the dietary of the general community must have regard to two classes at least—viz., the well-fed middle and higher classes and the moderately-fed or ill-fed labouring classes; but time would not permit him to refer to the former further than to offer a few observations on Bantingism. He was not concerned in the medical question as to whether it was desirable to reduce the bulk of a given individual—a circumstance which must always be left to the medical man in charge of the case—but he thought it would be an evil to this nation, both bodily and mentally, if the system of reduction were to become at all general; and that, on the contrary, regarding the whole population, we needed to add to rather than take from the weight of the body. Even in the well-fed classes he had seen very serious diminution of both bodily and mental vigour follow the working out of the plan. There was no necessity for the absolute exclusion of fat and sugar, and the extreme reduction in the quantity of bread, any more than for the great increase in the quantity of meat. The bulk of the body might be reduced simply by lessening the amount of the kinds of food usually taken, and as the reduction was more slowly effected, it was a process attended with less danger to the health. Turning to the question as affecting the labouring classes, he observed that an inquiry of a character unique at least in extent had just been completed by him for the Government, which would afford a clearer insight than had hitherto been obtained into the dietary of our labouring population. It had been made at the houses of the agricultural labourers in every county in England, in Wales, the west and north of Ireland, and the west and south of Scotland, at the houses of certain town populations, silk and cotton weavers, &c., with all the care and minuteness which science could suggest, and the details of which might be found in the Sixth Report of the Medical Officer of the Privy Council. The coarse kinds of bread which were in ordinary use by our forefathers even to the early part of the present century were now very rarely eaten. Barley bread was still eaten in the houses of labourers in South Wales, and in the farm-houses of North and South Wales and Anglesea; also in Northumberland and Cornwall and Devon, and in the southern parts of Scotland; but except in certain poor districts in South Wales it was not now used as the principal member of the class of breadstuff. Rye bread was nowhere eaten alone. Oatmeal was used by 20 per cent. of the farm-labourers in England. Indian corn was used exclusively in the south of Ireland. Peameal was never eaten alone as a bread, but in the north of Scotland it was sometimes added to oatmeal for that purpose. Rice was used by about 58 per cent. of the population, but never in the place of bread as a breadstuff. The average weekly dietary of farm-labourers was—for each adult and child 13¼ lb. of breadstuff, 6½ oz. of sugar, 5 oz. of fat, 14 oz. of meat, 52 oz. of milk, 5 oz. of cheese, and ½ oz. of tea; whilst in-door labourers obtained 9½ lb. of breadstuff, 8 oz. of sugar, 5 oz. of fat, 13½ oz. of meat, 18 oz. of milk, and ¾ oz. of tea, for each adult weekly. In reference to public institutions he was of opinion that there should be a Government officer of the highest repute upon dietary questions, to whom such questions should be referred by the Government; that in the dietaries of the poor the wives and children are ill fed, much more so than the husbands; that a large part of the infant mortality and the deaths at puberty from consumption are due to a deficient supply of milk and of other good food, and the almost exclusive use of slops. He also insisted that a man's first duty was to provide sufficient nourishment for his family, even if it were only dry bread, and that until this had been effected nothing should be spent merely to please the taste; and in order to turn the labourer's overtime to profitable account it was desirable that he should have the opportunity of growing plenty of potatoes. Dr. Smith concluded by reference to the present state of the question considered as a science, and pointed out what science had done and what were still the most important defects.

INDIGO IN PURULENT DISCHARGES.

Dr. W. B. Herapath read a paper "On the Presence of Indigo in Purulent Discharges," in which he spoke, as a generally admitted fact, of its presence in the clear or yellow form, but entered fully into the details of the case of a coachman suffering from an enlargement of the knee-joint, where the blue pigment was present in a serous discharge.

Replying to a question, Dr. Herapath said there could be no doubt, in the case he referred to, though the pigment appeared externally to the body, it must have been present in the serum of the blood, in the yellow principle, and probably assumed the blue colour by oxidation.

A Member suggested that the appearance might have been due to some salts of iron, and not indigo at all.

Dr. Herapath had not had the opportunity of submitting it to the most rigid examination, but he was satisfied, by the chemical tests he had applied, that, if not indigo itself, the matter was of exactly analogous properties.

TEMPERATURE OF THE SEXES.

Dr. Davy, in a short paper, gave the results of some experiments he had made as to the relative temperature of the two sexes. The theory of Aristotle, that a man possessed more warmth than a woman, had been disputed; and it had been held by some, as the result of modern research, that the temperature of women was slightly superior to that of men. Notwithstanding this, however, from such observations as he had been able to make, he considered the early opinion the more correct. Taking the average, it appeared that the temperature of males and females was as 10·58 to 10·13. He had more recently made some additional observations, using a thermometer of great delicacy, and taking for the purpose of his experiments six persons, three men and three women, all in good health. The result was, that the temperature in the case of the men varied between 99 and 99½; that of the women was between 97¾ and 98. An examination of other animals gave a somewhat higher temperature for the male than the female; six fowls showing the proportion of 108·33 for the former to 107·79 for the latter.

The President thought that whatever difference of opinion there might be with respect to the accuracy of the author's conclusions, all would agree, he was sure, that if men were more warm-bodied than women, the women were the more warm-hearted. ("Hear, hear," and cheers.)

Dr. Ransom asked whether Dr. Davy had made any experiments as to the power of resisting variation and temperature in the sexes, and whether he had noticed any connection between that and the usual average temperature; if males consumed more carbonic acid, were they able to resist alterations of temperature better than females? No doubt men were more exposed to influence of weather in their various avocations, but, on the other hand, he believed it was a matter of observation that females did not clothe themselves so warmly as men.

Dr. Davy said the probability was, that women did not resist cold so well as men, and that the greater the strength and energy, the larger the quantity of blood flowing, the greater would be the power of resistance. Generally speaking, he believed that women suffered more from cold than men, and really required a warmer dress than men.

Dr. Haydon remarked, that the conclusion to which the lecturer arrived was only a verification of what *à priori*

reasoning would have led to, from the larger quantity of carbonic acid taken by men, and their probable larger consumption of sugar.

The President said it was a matter of fact, and not a theory, that they were dealing with; and if it was true that the amount of heat generated in the case of a man was greater than with a woman, there was a greater expenditure of heat with the male than the female.

THE FUNCTIONS OF THE CEREBELLUM.

Mr. T. S. Prideaux submitted the following paper:—The magnitude and position of the cerebellum both proclaim the importance of its office in the nervous system. Strange to say, what this office is has remained up to the present time a matter of doubt. Vivisection has been the ordinary mode of study resorted to by those seeking to discover its functions, and in the unsatisfactory character of the means employed we see, at least, one explanation of the barrenness of the results obtained. I confess, the more I consider the nature of these experiments, the less likely it seems to me that they will ever be productive of utility. How can we practise destructive mutilations on the most vital organs of highly organised living beings without producing an amount of general disturbance and derangement which must mask the special indications of which we are in search? Such are, in reality, the results; and the uncertainty and variability of the phenomena manifested render such experiments, as a test of the seat of the conscious and voluntary powers of animals, all but entirely worthless. How is the destruction by boring and cutting of one part only of the nervous structures to be effected without injury to the parts adjacent? Is it possible to perform twice in succession exactly the same extirpation as to cause only the same amount of hæmorrhage? When the very multiplied relations which the nervous centres have with each other are considered, and that the protecting bones and membranes have to be cut and lacerated before access to them can be obtained, the insurmountable difficulty of isolating such lesions must be apparent to every anatomist. Instead of taking for the subjects of our studies the manifestations of animals in a state of suffering and restlessness produced by wounds, irritation, and inflammation of the brain and its membranes, how much better to resort to those natural mutilations which Nature so bountifully offers us, if for the solution of physiological problems in comparative anatomy and physiology. If, for example, in comparing one class, or order, or species of animals with another, we find that the first possesses, in extraordinary vigour, functions existing in the second in a comparatively nascent or rudimentary condition, whilst an equally marked contrast is presented by the relative development of some certain portion of the various systems of the two, the office of which is unknown, a presumption arises that the evidence is accidental, and that there may possibly be some connection between development and function, and that the coincidence is more than accidental. Now, if we examine the cetacea we find them characterised by an extraordinary and peculiar development of nerves, which more or less pervade the whole of the layer of blubber interposed in this family between the skin and the muscles, and form a network of extreme minuteness on its external surface. In harmony with this organisation, the sense of feeling in these animals is so fine, as to enable them to communicate with each other at long distances by the vibrations of the water. A friend, who once saw an embayed porpoise put to death by some fishermen, assured me that the cries of the animal, when wounded, were heartrending, and conveyed the idea of the most acute suffering. In striking contrast to the cetacea, with reference to the development of the cuticular system of nerves, and the sense of feeling, stands the class of birds clothed with feathers—the beak horny and little sensitive, the toes scaly above, with a callous skin underneath, the sense of feeling is evidently at a very low stage. In fact, any extraordinary sensibility in the skin beneath feathers, which must necessarily render the sense of touch indefinite and feeble, would manifestly be thrown away. Now, if we examine the development of the cerebellum in these two classes of animals, we find as great a contrast in its structure as we do in their respective manifestations of the sense of feeling. In the porpoise, the size of the cerebellum, compared with that of the cerebrum, is as one to two and a half; whilst its unusual bulk is entirely occasioned by the enormous development of the great lateral lobes, which are equal in absolute size to those of man, and far surpass his or any other animal's in the proportion they bear to the other nervous centres. In birds, on the contrary, the development of the lateral lobes may justly be described as rudimentary, apparently consisting of little more than the root of the fifth pair of nerves. The median lobe, or vermiform process, however, attains in this class to an unusual magnitude, so much so, that the weight of the cerebellum, as a whole, compared with that of the cerebrum, is not inferior to that of mammalia, and varies from one to four to one to twelve. Seeing, then, that in the cetacea the extraordinary development of the cuticular system of nerves and cutaneous sensibility coincide with the extraordinary development of the lateral lobes of the cerebellum, whilst in birds an equally remarkable absence of these nerves and want of cutaneous sensibility is associated with an equally marked deficiency of the same parts, the presumption arises that these nervous masses and this function stand in the relation of cause and effect, and that the lateral lobes of the cerebellum are the ganglia of the cuticular system of nerves. The question now presents itself, what power birds possess in a degree as commensurately greater than other vertebrata, as the median lobe of their cerebellum surpasses that of the latter in size? To be able to support themselves for long periods in a medium of so much less specific gravity than their bodies indicates an extraordinary muscular power, whilst the ease and grace of motion which many display in their flight show the possession of great ability for balancing the body, with an extremely delicate sense of resistance. If we pursue our investigations by comparing different species of birds with each other, we shall find amidst all the diversities of relative size of cerebellum to cerebrum which present themselves, a close, and I believe invariable, association of the larger cerebella with greater locomotion, and *vice versâ*. In the crow, whose motions are neither rapid nor elegant, the weight of the cerebellum is 11¼ grains, and that of the cerebum 129, 1 to 11½; whilst in the common gull, which floats through the air in graceful curves, skims with rapid wing the surface of the waves, or sports with the wind in zigzag flights, the weight of the cerebellum is 14 grains, with a cerebrum of only 63, or 1 to 4½. The swift sparrowhawk possesses a cerebellum of 6½ grains, and a cerebrum of 36½, or 1 to 56; the slow grey owl a cerebellum of 9 grains, and a cerebrum of 120, or 1 to 13⅓. In the swallow tribe, who live on the wing, the cerebellum reaches proportionately to the cerebrum, the largest development to be found in the class, as 1 to 4. These facts seem to point to the median lobe of the cerebellum as being the ganglion of the nerves of muscular condition or resistance, and through which we are always automatically conscious of the position of the extremities and of the centre of gravity—the centre, in fact, of a system of semi-motor nerves playing so important a part with regard to thefunctions of ingestion and egestion. Habit renders muscular acts so automative that we are almost totally unconscious of the great extent to which they are stimulated by the sensation of resistance, and how necessary this stimulus is to their long continuance without fatigue. When a boy, just learning to swim, I was much puzzled by the fact that, after swimming across a small pond, which I could cross in about twenty strokes, I felt fatigued. The expenditure of muscular power must, I knew, be very small, yet the fact of fatigue being experienced was equally undoubted. The explanation I am now inclined to offer is, that although some allowance must be made for the motion being a novel one, the grand source of the fatigue was that,the semi-motornervous system being unused to respond to a stimulus offering so little resistance as water, the whole task of keeping up the exertion fell upon the volition. If a strong man, capable of walking forty miles in ten hours without resting, were suspended by a belt round the waist, and required to go through the

action of walking, although moved forward through the air artificially at each stride, was to keep the centre of gravity in a proper position in advance, yet I am convinced he would be thoroughly fatigued with ten minutes of this exercise. The question arises, In what direction shall we extend our inquiries in search of further evidence to assist our judgment in forming a conclusion either in favour of or against these? Fortunately, Nature comes to our aid, and presents us in the Cheiroptera an order of animals, the organisation of which may be supposed to be specially designed to assist us in the determination of our problem, and which combine the sensibility of skin of the cetacea with the agility and locomotive power of the bird. The surface of the body in bats, including the wing, presents, for the size of the animal, an enormous extent of nearly naked membrane, endowed with a sensibility so marvellous that they avoid obstacles in their flight with great precision, even after their eyes have been removed, and in places to which they are strangers. Although blind, they will fly rapidly through apertures only just large enough to allow of their passage, and even avoid small threads stretched across the apartment, their only apparent means of guidance being the diversity of the aerial undulations. Now, in striking confirmation of the views of the functions of the cerebellum which have been suggested by the comparison of birds with cetacea, the bat, in combining the acute tactile sensibility, agility, and locomotive power possessed singly by each, combines also the large lateral cerebella lobes of the latter class with the large median lobe of the former, the cerebellum being in the bat, proportionally to the other nervous centres, larger than in any other animal.

INSANITY.

Dr. Boyd contributed a paper containing observations on the measurements of the head and weight of the brain in 696 cases of insanity, examined at the Somerset County Lunatic Asylum, of which the author is the physician and superintendent.

Tables of the weights of the human body and internal organs at various ages in the sane and insane of both sexes, by the author, have appeared in the 'Philosophical Transactions,' 1861. The tables now laid before the members of the British Association relate to the insane only, and include a greater number of cases. The forms of the disorder are given under eight heads, at ages in decennial periods. The average measurements and weights of the body and cerebro-spinal organs are also given, and the numbers from which those averages are taken. The first table shows the average measurements of the head at decennial periods of life, under the different specified forms of insanity, in 403 males and 293 females examined in the Somerset County Lunatic Asylum. The specified forms of insanity are mania, dementia, melancholia, monomania, general paralysis, epilepsy, epilepsy and idiocy, idiocy. Of these, mania is the most common, One-third of the females and more than one-fourth of the males are classed under this head; it includes twelve cases of recurrent, and seven of puerperal mania. Dementia, which includes cases of fatuity in both sexes, altogether amount to 16 per cent. in males, and 20 per cent. in females. Melancholia is much more frequent in females than in males; the proportion is 9 per cent. in males, and 18 in females. Monomania embraces only a small number; 3·9 per cent. in males, and 3·7 per cent. in females. General paralysis is very frequent in males, but not nearly so much so in females; it is combined with various forms of mental disorder, but these are not distinguished in the tables: 25·6 per cent. males come under this head, and 7 per cent. females. Epilepsy is also combined with various forms of insanity, but these, as in the case of general paralysis, are omitted; the numbers are 14·6 per cent. males, and 14 per cent. females. The two remaining forms include a small portion of these cases. Epilepsy, with idiocy, 3·2 per cent. males, and 2·2 per cent. females; idiocy, 2·2 per cent. of males and females. The periods of life are also under eight different heads in the tables. In the first (under 20 years), the affections of children, idiocy and epilepsy, 16 in males and 3 in females, and 2 of melancholia in females, include the whole mortality at that period. In the second, from 20 to 30 years, the percentage is 12 for males and 12·5 for females, the largest proportion being still of epileptics and idiots. In the third period, from 30 to 40 years, mania prevails, especially amongst females, and general paralysis in males; in this and in the next period, from 40 to 50, are included all the forms of insanity. In the fifth period, from 50 to 60, the number of cases of epilepsy and idiocy are less. From 60 to 70 the relative numbers were greater of females—12 per cent. males, and 17·1 per cent. females. In the seventh period, from 70 to 80, no case of general paralysis occurred. The proportions of each sex were nearly equal in the last period, upwards of 80; the cases were principally dementia and fatuity. The three measurements of the head, as shown in the first table, are in inches and decimal parts of an inch. Taking the whole of the cases, at all ages and in all forms of the disorder, the average circumference, from the centre above the nose and *superciliary* ridges over the great tuberosity of the occipital bone behind, round to the same point in front, is, in males 21·9, and in females 21·1 inches; the antero-posterior measurement, from above the nose to the great tuberosity of the occipital bone, is 12·7 inches in males, and 12·5 inches in females; the transverse measurement, from one external auditory meatus over the head to the other, is 12·6 in males, and 12·3 inches in females. The measurements are greater in males than females. In idiocy the measurements are below the average in both sexes, also in epilepsy combined with idiocy in males—the measurements are slightly below the average in general paralysis. In melancholia and epilepsy the measurements are greatest; after 50, there is a decrease. The circumference of the head denuded of the scalp is one inch less, and each of the other measurements half an inch less. The second table shows the average weight of the several parts of the brain in ounces avoirdupois and decimal parts of an ounce, at decennial periods, in the different forms of insanity. The weight of the several parts of the brain is more in males than females, and, as a general rule, the left cerebral hemisphere is larger than the right. The average weight of the right cerebral hemisphere in the males, 19·89, and the left 19·96; in the females the average weight of the right cerebral hemisphere 18·53, and the left 18·61. The greatest inequalities in the hemispheres are observed in epileptics and idiots. The maximum, minimum, and average weight of each cerebral hemisphere, in ounces avoirdupois, in the eight different forms of insanity in males and females, at all ages, is shown in a short table. The average weight of the other portions of the brain, the cerebellum, pons, and medulla oblongata, of the encephalon, and also of the spinal cord, in males and females at all ages, in the different forms of insanity, is also shown in another table. The average weight of the encephalon was greatest in mania in males, and in epilepsy combined with idiocy in females, but these cases were few; only seven in number. The average weight of the encephalon was least in idiocy, in both males and females. The average measurement of the head was also least in idiocy in both sexes, and greatest in dementia and epilepsy in males, and in epilepsy, and idiocy, and general paralysis in females. The average weight of the encephalon in the whole number was 3¼ ounces more in males than in females, the average circumference of the head, as already stated, being eight-tenths, the antero-posterior two-tenths, and the transverse measurement three-tenths, of an inch more in males than in females. The relative proportion of admissions into the Somersetshire asylum has been 55·5 per cent. males, and 48·5 females; the relative mortality, 58 males to 42 females.

CRANIAL DEFORMITIES.

Wm. Turner, M.B. (London), read a paper of his own upon this subject. In this paper a peculiar form of head was described, in which the frontal eminences were completely absent, and in consequence the forehead above the eyebrows and orbits was flattened, or even concave. In the middle line, however, the forehead projected forwards and formed a sort of beak, narrow below at the root of the nose, but swelling out laterally at the line of the hair. Looked

at from above, the head was broadly ovate, or even somewhat triangular; the apex being at the forehead, the rounded base at the occiput. The peculiar shape of the head was noticed in the case described at the time of birth; the child was well-grown and intelligent. The head evidently corresponded to the form termed Trigonocephalus, by Welker. The mode of production of this form of head was discussed, and the conclusion was drawn that it was due to a fusion of the two centres of ossification of the frontal bone, and consequent premature obliteration of the frontal suture.

CONVERSAZIONE AT THE ASSEMBLY ROOMS.

In the evening of Thursday a conversazione was held in the Assembly Rooms, the time-honoured spot where Beau Nash once reigned supreme, and where beauty, rank, and fashion once collected in multitudes, before the peace and the steamboats and the railroads scattered the card-players, the dancers, and the health-seekers over the watering-places of the Continent. The crowd that thronged the Assembly Rooms on Thursday was very different, indeed, from that which once made the Bath Assembly Rooms celebrated in the annals of the fashionable world, although there is still in the city a remnant of a population which perpetuates the traditions of the past; and as we watched some rather antiquated ladies sitting upon the sofas, we were insensibly reminded of the days when the seniors were assembled round the card-tables, and the juveniles joined in the fascinations of the dance. Well, those days are past, the giddy throng of youngsters and the inveterate old maiden card-players have all melted away into the abyss of time, and a new generation has sprung up—of gentlemen who speculate upon the millions of years which the crust of the earth has taken to mould itself into its present form, and of ladies who listen to the anatomical descriptions of the anthropomorphous apes, or to the moderns plans proposed for the utilisation or deodorisation of the sewage. We must not analyse motives: perhaps many of the ladies who assembled at Bath last Thursday came to flirt and to talk and to show their new dresses, just as their grandmothers came in days long gone; and perhaps some of the speakers and writers of the other sex were not insensible to the pleasure of addressing the glittering throng before and around them. However, there was a crowd of human beings, and there was a multitude of objects for them to inspect, although inspection was almost impossible, owing to the pressure and the heat. Refreshments, also, were liberally supplied to those who were fortunate enough to reach them, though, in the majority of cases, the attempt terminated in disappointment. Bishops and Deans and many of the inferior clergy were hustled along among the miscellaneous crowd, the costumes of the visitors varying from full evening dress to the rough railroad attire in which many had reached the city. The medical element was not very numerously represented, and the peerage, the army, and navy still less so. Everybody seemed pleased, and perhaps the ladies liked the *soirée* all the better for the terrific squeeze to which they had been subjected.

SECTION B—CHEMICAL SCIENCE.

THE SEWAGE OF TOWNS.

Dr. Stevenson Macadam read a paper "On the Pollution of Rivers by the Sewage of the Towns." His investigations had been directed to the water at Leith, which was supplied to Edinburgh. The especial part of the inquiry to which he directed attention was the composition of the gases found in the water which conveyed sewage. The water at its source in Leith had 9½ cubic inches of gases in the gallon; consisting of two parts of carbonic acid, 29 of oxygen, and 69 of other gases. After the water had passed through several paper-mills, where it received washings from rags and the works, it was found that the proportion of gas was not materially changed; it contained 9½ cubic inches, but the composition differed, being 7½ of carbonic acid, and 22 instead of 29 of oxygen, and 70 of other gases. After passing Edinburgh the water contained 7⅔ cubic inches of gases, consisting of 18½ parts of carbonic acid, 7 of oxygen, and 74½ of other gases. This small proportion of oxygen caused the water to be so deadly to fish, as there was not enough for respiration. They had not found the irrigation system practised there to be efficacious in extracting the noxious material from the water. In answer to a question put to him, Dr. Macadam said that, after the water had been contaminated by sewage, he found small traces of sulphuretted hydrogen, but so small that he did not consider it necessary to test the proportion. There were greater traces of it when the sewage came into contact with sea-water.

Mr. Biggs read a paper by Dr. Henry Bird on

THE UTILISATION OF SEWAGE.

To utilise the contents of the sewers, and to restore to the land nitrogenous and inorganic principles which are abstracted from it in the growth of crops for the food-supply of man and animals, is one of the most important questions of the day. Some laborious investigations by Parliamentary Committees and Government Commissions have indeed shown that many of the methods hitherto proposed for this object are not sufficiently remunerative to stimulate commercial enterprise in the application of sewage to the soil; but they have at the same time established the fact that an enormous amount of natural wealth is being constantly dissipated, and finally lost to the country. Nor is this extravagance the worst feature of the case; for the continual abstraction of valuable inorganic matters from the soil steadily impoverishes it, rendering it yearly less able to maintain the life and vigour of an increasing population, and gradually, though surely, turning a fertile country into an unproductive desert. Even, therefore, at some temporary sacrifice, to redeem these valuable materials and apply them to their obvious and natural destination would ultimately prove highly advantageous to every district of the kingdom. The benefit of such a measure would not be limited to the production of food. The same works which would secure the utilisation of sewage would protect rivers and watercourses from that defilement and injury which are now progressing *pari passu*, with the advance of town drainage and the extension of chemical works, and which, if uncontrolled, must at no distant period destroy all our fresh-water fish, obstruct the channels of rivers by indurated deposits, and render river water wholly unfit for domestic use and human consumption—this, too, at a time when, owing to the clearance of forest and wood lands, and agricultural improvements generally, the available supply of water from springs is rapidly diminishing, and becoming quite insufficient in many places for the wants of the people. Not less important is the sanitary aspect of the question. So much information has been obtained and circulated on this subject that it is almost needless to remind this Association that many diseases are called into activity by foul accumulations in drains and ditches, and by the contamination of running water with the excreta of populous districts. Experience has shown that all diseases are aggravated, and especially that epidemics and pestilences extend and become more fatal in communities and families which breathe impure air and drink foul water. Blood poisoning is a common result of poisoned air and water. It is under such circumstances and conditions of atmosphere and water supply that scarlatina, typhoid, or intestinal fever and cholera break out, spread, and destroy. The subject is, therefore, one of deep interest to all persons concerned in the management of the sick poor; and who is not so concerned? Thus, on sanitary, as well as on economical grounds, the right use of sewage is inseparable from the public safety, and essential to the public prosperity. In this matter, however, legislation is indispensable. The most fanatical advocates of voluntary action and personal liberty will hardly venture to assert that the difficulty of the case can be met by individual effort. Where this fails, in any such public emergency, the municipal authority, the magistracy, or the national government must act, or the whole population must suffer. Parliament should, therefore, be asked to facilitate the extension of sewage works in the neighbourhood of towns

and villages, in order to distribute and apply their excreta to the surrounding land, by irrigation and by other means; and at the same time to prevent, by stringent enactments, the fouling of rivers and brooks by sewage and other town refuse. The plan now to be submitted to your consideration has never been tried on a large scale, but it has been tested by a limited experiment, and has been found to answer the purpose satisfactorily. It is founded upon the physical properties of sewage, and on a few well-known chemical and mechanical principles. The following series of propositions and axioms embodies these principles and the leading features of my plan :—1. Sewage flowing slowly through pools, or tanks, or confined in vessels separated into three portions—the floating, the precipitated, and the intermediate fluid. 2. The process of precipitation may be promoted by the use of cheap, simple, and easily procurable deodorants, to be hereafter specified. 3. Sewage, from the nature of its composition, rapidly undergoes putrefaction, which injures its fertilising qualities and causes deleterious and offensive emanations. The same fermentation may be produced by allowing fresh sewage to filter through masses of old sewage in tanks, drains, and more rapidly in large sewers. 4. This process of decomposition may be arrested, and its injurious results prevented, by removing the more solid matters of the sewage, and drying them at a low temperature with antiseptic chemicals. 5. In the decomposition of sewage, ammonia and other volatile compounds are evolved, and are soon dissipated and lost. That if old sewage be dried by simple exposure it will be found to possess but a low fertilising power, which, if dried with sulphuric acid, the ammonia becomes fixed, decomposition is arrested, and the fertilising principles are retained. 6. The ashes, sweepings, and other refuse of large towns may be rendered available in the fertilisation of poor land by percolating fluid sewage through them for two or three weeks and by drying the mass with sulphuric acid ; this compost may, with little trouble or expense, be made worth at least ten shillings per ton. 7. All manures prepared from sewage should be kept dry, and protected from sun, heat, and rain. 8. Fluid sewage, however treated, contains in solution and suspension fertilising salts and organic matters. [The chemical composition of sewage is well known, and its varying quantities and qualities may be easily ascertained from published tables. It is, therefore, unnecessary to dwell upon this point.] 9. Fluid sewage can, in every case, be used for the irrigation of land. It should never be allowed to flow into the sea, rivers, or brooks. 10. The more solid portions of sewage may be easily separated from the fluid by allowing the whole to flow slowly through tanks and culverts, fitted with sluices or tubes to be constructed upon the plan of models now exhibited—the current being directed through the middle level without disturbing the surface or bottom of the tank. The separation would be accelerated by the use of sulphated clay. 11. Clay, especially the more ferruginous clay and sulphuric acid, mixed in the proportion of one part of the latter with nine parts of the former, in a dry state, forms a cheap and efficient precipitant for sewage ; it acts at the same time as a deodorant. It does not in the slightest degree injure the manure, but, in fact, adds materially to its fertilising quality. 12. In the tanks already mentioned, the floating matter should be daily skimmed off the surface of the fluid sewage, then placed in a reservoir, and treated with diluted sulphuric acid. The precipitated matters should be also removed as often as the divisions or spaces between the sluices and bottom of the tanks become filled, and treated in the same manner with sulphuric acid. These matters so prepared may be dried quickly, at a temperature not exceeding 150 degrees, by spreading the mass upon heated beds of fine ashes or clay, in covered sheds. When sufficiently dried, the compost should be crushed, to make it fit for drilling or spreading on land. 13. When the more solid portions of the sewage are thus intercepted by sluices or traps and removed (as above directed), offensive emanations are materially lessened, if not prevented, and the fluid portion passes tolerably clear out of the tanks. By this method the fœtor caused by the passage of fresh sewage through masses of semi-solid putrefying matter is altogether prevented. It deserves to be repeated, that, in order to preserve the supernatant and precipitated portions of sewage, the most efficient and economical antiseptic is sulphuric acid, for it fixes the ammonia, converts the vegetable matter into glucose, and checks fermentation ; and all the resulting salts are known to be excellent manures for crops of clover, roots, &c. As before said, sewage which has been dried by simple exposure to the air possesses but very low manuring power, the ammonia and its carbonates having escaped. But when dried as above, with sulphuric acid, the nitrogenous principles and the phosphates are retained, unless the temperature be raised so high as to disengage fœtid gases and decompose the sulphate of ammonia. Another method of preparing sewage for agricultural use, after treating it with sulphuric acid, would be to distribute it among a number of cylindrical draining tiles placed over a bed of coal ashes or clay. These pipes being filled, the fluid filters into the ashes or clay, and water also evaporates from the surface of the pipes. The process should be repeated until the tiles are filled with solid residuum, which may then be removed for use. The irrigation of land with fluid sewage has been practised successfully and profitably in many places ; but it is said to be sometimes attended with offensive smells, perceived at some distance. This, as I have explained, is in consequence of an undue amount of the more solid matters being left to decompose upon the surface of the land ; and the objection does not hold good when those matters have been separated (as before shown) from the liquid before it is used for irrigation. But if, without that preliminary measure, the contents of sewers be mixed with ashes or porous earth, and exposed to the weather, the compost increases in temperature and decomposes rapidly ; the heat of the mass drives off the ammonia, and, after it has been washed with rain, it is hardly worth the expense of carriage. Again, the more solid matter of sewage may be readily indurated and dried, by mixing it with common plaster of Paris, a valuable mineral manure, which in no way lessens the fertilising properties of sewage. Indeed, the value of both is increased by combination. It only remains for me to exhibit the action of sulphated clay, both in its dry state and in solution, as also models for tanks, &c., and other means by which percolation through town rubbish may be advantageously effected. A solution of the sulphated ferruginous clay, which may be called "liquid sulphate of alumina, with sesqui-oxide of iron," was sent for analysis to that eminent authority, Professor Taylor. When this deodorant is required to purify house-drains and sewers, it should be applied at the very commencement of the drainage system—namely, in the waterclosets, sinks, cesspools (if any), and scullery traps, of every house communicating with the common sewer half an ounce of the liquid mixed with water should be used on each occasion, once or twice a day, or more frequently, by means of a simple apparatus. It would prevent the disengagement of ammonia and sulphuretted hydrogen. It would precipitate the phosphoric acid of the phosphates. If it did not destroy the specific germs of certain infections—as those of scarlatina, or typhoid fever, &c.—it would, doubtless, check their progress, by removing some of the worse conditions under which they multiply and spread. Once more: land may be irrigated with fluid sewage by sub-soil or underground channels. Drains may be made from nine inches to two feet in depth, either of turf, or of drain-pipes, or squares nearly on a level, keeping, however, the outlet of each drain below the inlet. The surface soil would thus be saturated with sewage, without the production of noxious smells, or disturbance of crops, or interference with the cattle-grazing of the land. So much of the sewage as might ascend by capillary attraction through the nine inches of soil to the surface would be perfectly deodorised, and a powerful manure would be applied directly to the roots of the crops, enriching the soil to a considerable depth. The economy—not to say profit—of these methods of utilising the sewage of towns will be obvious to anyone who will impartially investigate the proposed measures. And I

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THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 21, 1864.

SIR CHARLES LYELL ON THE THERMAL SPRINGS OF BATH.

The subject chosen by Sir Charles Lyell for his inaugural address to the British Association for the Advancement of Science, now assembled at Bath, is the nature and origin of the thermal springs which have long made that city famous in Europe; and although the topic is in some measure a local one, yet it is connected with so much of geological history, and has been illustrated by Sir Charles with such a profusion of learning and research, that it becomes one of general and absorbing interest. It is well known that the springs of Bath possess a very high temperature, ranging from 117° to 120° F., and that they have been celebrated for their medicinal virtues since the time of the Romans, who, for somewhere about 400 years, held possession of our island, and who left in the city of Bath itself stupendous memorials, many of which are still preserved, of their architectural skill.

The warm springs of Bath do not, indeed, exhibit the temperature known to be attained by some of the thermal waters in different places in other parts of the world, as in Iceland, or at Aix-la-Chapelle and elsewhere; but the high degree of heat observed in the latter spots is obviously referable to the close proximity or the adjacency of volcanic mountains, whereas Bath is 400 miles distant from the Eifel in Germany and 440 from Auvergne in France, the two localities in Europe where volcanic fires, although now dormant or extinct, were once in active operation. Bath, in fact, is built upon oolitic rock, which is in no way geologically associated with the epoch of either recent or extinct volcanoes; and, moreover, there are cold springs as well as hot ones in the subjacent earth, so that any arguments adduced to account for the hot springs, derived from the general belief as to the internal heat of the globe, must be untenable. Indeed, its mineral constituents are problems alike puzzling even to the most profound geologists, and their solution is sought only by the invention of plausible hypotheses. The supposition that these waters were originally derived from an inundation of the ocean is negatived by the fact that the composition of the waters by no means corresponds to that of the sea; and hence the conclusion is drawn that the waters may have had a subterraneous origin and been projected into fissures or cavities of the earth's crust like the veins of metals which are known to traverse the solid strata.

The only explanation that can be offered to account for the thermal waters of Bath is, that, at some former and remote period in the history of the earth, there was some great convulsion or fracture which caused a separation of the strata, the vacancy thus caused being filled up by the injection of the hot streams from the centre of the globe, and their imprisonment for thousands of years between layers of the solid rock. Since the memory of man these thermal waters have preserved the same degree of heat, and, like those of Baden-Baden and of Iceland, and many others, have been welling out their thousands and thousands of gallons every year from the bowels of the earth, suffering apparently no diminution either in quantity or in temperature, and likely to pour forth their steaming floods for many ages to come.

To the limited question of the chemical constitution of the waters, and their efficacy in the treatment of disease we ought, perhaps, as medical writers, more especially to confine ourselves; and the paper of Dr. Daubeny, of which we give an abstract in another column, affords some valuable information on these points; but we feel that the topic, in its enlarged scope, is one well worthy of the deep reflection of all thinking men. It has been objected, as a kind of discouragement to geological pursuits, that the conclusions of the professors of that branch of science are merely speculative, and that the theories or hypotheses of to-day may be dissipated by the discoveries of to-morrow; but this is a reproach to which all the pursuits of natural science are liable, inasmuch as it knows no dogmatism, and rests its foundations only on the developments which are offered by advancing knowledge, enlarged experience, and more accurate reasoning. Whether, as Sir Charles Lyell supposes, the changes observed in the structure of the earth, the variations of land and sea, and the diversities of organic life, have been wrought by gradual processes operating through countless millions of ages, or whether they have been caused by sudden and violent convulsions and transitions, are matters of comparatively little importance; the progress of geological science rests upon the record and the collation of well-observed facts, and it is permitted to man only to trace as best he may the mysteries of Nature, without presuming to dogmatise upon the methods which the Creative Power may have adopted in framing the Universe.

THE PREVALENCE OF INFANTICIDE AND INFANT-MORTALITY.

The revelations made of late as to the widespread prevalence of infanticide have attracted, as they deserve, a very great share of public attention, and philanthropic efforts have not been wanting both to investigate the causes of the evil and to devise means for its prevention or suppression. In ancient times and in barbarous countries, it has often been the practice to reduce superabundant population, or to attempt to eradicate disease, either by the wholesale destruction of infants or by selecting for immolation those who, by their feebleness or their deformity, appeared unlikely to thrive in after years; but in our own age and country, while the value of human life is theoretically very great, yet it is found in practice, that infant-murder prevails perhaps to as great an extent as in ancient Sparta, although the brutal crime is abhorred by the public, and partially punished by the laws of the country.

We say partially punished, because, although the murder of an infant, in the eye of the law, is as heinous an offence as that of an adult, and renders the perpetrator liable to the same sentence, yet it is well-known that juries are slow to convict in the great majority of cases where a mother murders her own offspring, or that they return a verdict of guilty of some minor offence, in order to shield the criminal from the fate which would follow a conviction for the greater one.

Into the painful question of the motives which induce many a mother to pervert the finest feelings of female human nature, and to imbrue her hands in the blood of her own offspring, it is not our intention to enter, and, like many modern juries who have such cases placed before them, we may pity the culprit while we abhor the crime; and knowing that two parties at least must have been concerned in the steps which indirectly lead to the crime in question, we cannot but feel the cruelty of abandoning the criminal of the weaker sex to a fearful doom, while the equally or perhaps more guilty partner of her delinquency is allowed to escape. The prevention of this kind of child-murder will hardly be accomplished by the verdicts of juries, however severe, but by the inculcation of a higher tone of morality than that which at present exists, and by the visitation of severer punishments than now fall to the lot of the male delinquent.

It is a more practical question to examine into the infant-deaths which are said to arise from the culpable neglect of parents towards their offspring, from the intentional or accidental administration of deleterious drugs, and from erroneous plans of nursing and alimentation. The attention of the public has very lately been drawn by the Report of Mr. Simon, the Medical officer of the Privy Council, to the prevalence of infant-mortality from the administration of opium, either for the benevolent but mistaken purpose of allaying pain and irritation, or for the horrible design of destroying infants in order to obtain money from burial clubs. In the one case, the evil may probably be met by the diffusion of sounder views than are at present entertained by the common people, as to the injurious effects of opium upon young children and infants, and in the other, the crime committed for such base and sordid motives ought to be punished with the utmost severity of the law.

The causes of infant mortality, so far as they are connected with faulty plans of nursing and alimentation, have lately been examined with very great care by a lady, Mrs. M. A. Baines, who has written some pamphlets upon the subject, characterised by much good sense and good feeling. She attributes many evil consequences to the practice of hiring wet nurses, especially those from the "fallen;" many to artificial feeding as a substitute for breast-milk; and many to the absence of farinaceous matters in infant food.

In the primary truth laid down by this lady, all members of our Profession must cheerfully coincide, namely, that much of the fatality among children is due to the neglect on the part of mothers to perform the obvious duty of suckling their children. This neglect is sometimes caused by the obedience rendered by some females rather to the demands of fashion than to the dictates of nature; and often, among the labouring classes, it is due to the necessity, either real or supposed, of leaving the children, while the mothers are earning their living. Admitting, as we all must do, the existence of the evil, the remedy obviously lies in the province of the ladies, who, by precept and example, may prevail upon their sisters both of high and low estate to fulfil their maternal duties, even at the sacrifice of fashion or of the claims of industry. As to fashion, it is easy enough to dispense with the allegiance to such a fickle deity; and as to industry, it is alleged that the husbands among the working classes are prepared to forego the advantages obtained by the earnings of their wives in return for the greater comfort they would enjoy by the undivided attention of the women to their domestic duties. It is a remarkable fact that, during the Preston strike, there was a marked diminution of the infant-mortality, which is explained by the fact that the women were unable to obtain work at the mills, and were thus obliged to stay at home with their children, whose lives were thus preserved even at a time of extreme destitution.

Into the moral question involved in the employment of women as wet nurses, whether the latter are married or are selected from the "fallen," we are not prepared to enter; but no medical man is ignorant of the fact that many mothers are unable, from physical reasons, to suckle their own children, who, therefore, run very great danger of sinking from disease, unless some substitute can be found for the breast-milk of which they are deprived. Admitting, as we do, that each mother's milk is best suited to her own child, and that a change in this respect is often highly disadvantageous, and always hazardous, yet we are not prepared to admit that any other plan is equal to wet nursing, care being, of course, taken in the selection of the nurse, both on moral and physical grounds. Nor are we prepared to admit, with the talented and zealous authoress of the pamphlets to which we allude, that when human milk cannot be obtained the milk of the inferior animals is necessarily injurious. On the contrary, we believe that the milk of cows or goats, making allowance for the difference in chemical constituents, and correcting the composition accordingly, is a very suitable aliment for infants accidentally deprived of breast-milk, and that the addition of farinaceous matter, as recommended very strongly by Mrs. Baines, is of questionable utility. Not that we adopt the ultra-chemical views advanced by some authorities, who would reduce all physiology to the test of the crucible or the weighing scales, and reject the influence of the nervous system, the vital power, and the essential constitution or idiosyncrasy of each individual, but because we believe the opinions we advance are in accordance with experience as well as theory, and are in themselves reasonable, practical, and philosophical.

The whole question, in fact, deprived of its moral aspects (which, nevertheless, are worthy of the deepest attention), is a practical one, and must be decided by the test of ex-

perience; but we think that the public, and especially the female portion of it, owe a debt of gratitude to Mrs. Baines for the ability she has displayed in the discussion of a subject which is of great interest to the whole community. It has been truly said that "the child is the father to the man," and every measure which improves the health or diminishes the death-rate of our infant population must have a beneficial influence upon each succeeding generation of adults.

REVIEW OF THE PERIODICALS.

'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY continues his course of lectures "On the Urine and Diseases of the Urinary Organs;" this, the sixth lecture of the series, being devoted to "Urohæmatin and the Abnormal Pigments met with in White, Yellow, Green, Blue, and Black Urine: their Clinical Significance and Treatment." It is shown that normally-coloured urine is no test as to the healthy condition of that fluid, since the normal ingredients may not show themselves, owing to their combination with certain other constituents, which preserve them from detection till the compound is decomposed. The presence of urohæmatin may not be at all discoverable to the naked eye, though it may exist, and in large quantities, in the urine; but will show itself, if present, when strong nitric acid is added to urine and heat applied till the compound, formed by the addition of the acid, is raised to the boiling point. The effect will be that the urine, which before may have been quite pale in appearance, will assume an intensely red hue. The alterations produced by adding hydrochloric acid to the urine of a case of hæmaturia from diseased kidney, and to that in which urohæmatin was in excess, is next detailed, and the cause of the different effect is explained. Urohæmatin, when liberated by an acid and then taken up by ether, will solidify into a red currant-jelly-like mass. The best medicines to meet this affection are syrups of the phosphate of iron, or of the superphosphate of iron and lime. Zinc, in half-grain and grain doses, is a very valuable agent in those cases. When reference is made to blue and green urine, it must not be supposed that such colorations exist at the time of passing water, since they only result either from long exposure to the air or from the reaction of chemical agents. During disease, blue and colouring matters have been discovered even in the blood. It is a fact specially insisted upon by Dr. Harley, that all animal colouring matters spring from one colourless radical. As a rule, coloured remedies do not communicate colour to the urine. The physiology and pathology of brown and black urine next claim attention. It is shown that a substance called melanin may be found by analysis in the blood, although there may not be even a trace of melanotic disease in any part of the body.——Under the head "Original Communications," we find a paper "On Sea-sickness: its Nature and Treatment," by Dr. CHAPMAN. The treatment of this ailment is considered, and the basis upon which it rests—viz., the lessening of the amount of blood in all the nerve centres along the back—is set forth. The treatment consists in applying ice along the spine—an heroic, but successful method. Rules are laid down in order that the ice may be effectually applied, and an elastic or india-rubber bag, made in conformity with these rules, is described. It is always best that the bag should be placed in direct contact with the skin. In the case of phthisical patients the ice to the dorsal region may be omitted, and should a menstruating or pregnant woman be the subject to be operated on the utmost caution must be used in applying the ice along the lumbar region; again, when the forehead of any patient is hot, at the same time that there is headache, it is advisable, if the ice is at all applied to the cervical portion of the spinal column, that it be so with the intervention of a silk handkerchief. When, on the other hand, the head aches and the forehead is cold, the immediate application of the ice must be made, and maintained till the symptoms are relieved. The patient will, in a number of instances, be able to point out the spot or spots where there is the greatest necessity for the continued application of the ice; these spots correspond to those spinal nerve centres where most engorgement exists; and the degree of comfort experienced from the remedy will be found in exact proportion to the extent to which these engorged nerve centres are emptied. The effect of the ice is stated to be very different when applied under the circumstances which we have just been considering, and when used in the same manner, supposing the person for whom it is required to be on land. Moreover, Dr. Chapman predicts that ice may be applied to the dorsal region of persons with delicate lungs, and to the lumbar region of pregnant and menstruating women, and that, not alone with impunity, but with considerable benefit, since the engorgement of the nerve centres is protective against any untoward influences upon the lungs or upon the uterus.——Dr. ORMEROD contributes "Observations of a Direct Mitral or Tricuspid Murmur," in which he answers objections urged against his views by Dr. Gairdner. A number of cases are adduced to prove the correctness of his (Dr. O.'s) views.——Mr. CRAIG has a paper "On Acupuncture in Facial Neuralgia." He shows the value of this remedy by the good effects resulting in those cases where it was employed. Some cases are brought forward, and comments made upon them.

DEATH FROM CHLOROFORM AT SAN FRANCISCO.—A lady of very nervous temperament was placed in a dentist's chair to have her tooth drawn, and, while much excited by fear of the instruments, chloroform was administered by holding a napkin above and near the nostrils. After inhaling for a short time, she declared she could not take it, and seizing the hand of the operator removed it from her face. Without further use of it the tooth was extracted easily; but the jaws immediately afterwards became clenched, and her head thrown back by spasmodic action of the muscles. The breathing was arrested, the face grew livid, and death rapidly ensued, apparently from apnœa, due to spasmodic closure of the glottis or larynx. The masseter, respiratory, and spinal muscles, and also the flexors of the extremities, continued in a state of tonic spasm until relaxed by death. There was no disease of the heart or other organs to discourage the use of the chloroform.—'Boston Med. Journal,' May 19.

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venture to hope that these suggestions may lead to a series of experiments under the auspices of this Association—experiments which, I doubt not, will convince the most sceptical that the present unjustifiable waste of valuable elements of food ought no longer to be permitted, either by the Legislature or by the local authorities of this kingdom. But, before we conclude, let it be distinctly understood that neither lime, sesqui-oxide of iron, alumina, nor any other deodorant, except sulphuric acid, should be used with sewage when the fluid parts are intended for irrigating land, for those bodies with that one exception take some valuable ingredient from the fluid. One part of sulphuric acid to 70,000 parts of sewage would be sufficient to maintain the fertilising property of fluid sewage, until it had passed through the drains over or into the soil.

Dr. Bird then explained by diagrams the system of irrigation he proposed, and produced samples of sewage water showing the successful application or plan of deodorisation described in his paper. He said that nothing acted so well as ferruginous clay, and the perchloride of iron, which had been so much commended, was the least efficient.

Mr. Biggs said that those interested in the matter had a good opportunity of seeing it effectively carried out at the City workhouse. The whole of the sewage there was devoted to the land attached, and the difference between it and other land was very great.

Mr. Tite, M.P., said he regretted exceedingly that he was not present at the commencement of the discussion. He had been detained in the Statistical Section. The question of sewage was one which had occupied his attention. As a member of the Metropolitan Board of Health, the whole matter of the disposition of the London sewage had been before him for a considerable time. The London sewage was something enormous in quantity. It was collected in immense reservoirs, and then poured into the river at times when it would be swept out to sea. Thus, the whole of the sewage of London, containing important chemical constituents, was utterly wasted. He had no doubt that they should relieve the basin of the Thames completely of the sewage which fell into it from Chelsea to below London, but, with regard to the utilisation of the sewage, they did not see their way clearly, and on another point they were in great difficulty. This point was as to what was to become of the drainage of the large towns above their district, because it was impossible to join them with London, and it was idle to seek to drain Oxford by any lateral drainage that could reach the sea. At the present time Kingston had made arrangements to pour its sewage into the Thames, but was stopped by an injunction obtained by the conservators of the river, by which they had been taught that such nuisances could not be continued. The question then remained, What was to be done with it? Two facts had been proved. At Leicester, where the experiment had been carried on regardless of expense, it was proved that the deodorising of sewage by lime would purify water and prevent it becoming a nuisance to the stream. Since then it had been proved that fish flourished there, and the herbage and fruit, which before was poisoned, had now returned to its normal condition. This fact was also apparent, that the products which it had been thought would be sufficient to pay for these works had proved an entire failure; and except for the lime used, which was very useful for the fertilisation of land, it had proved utterly useless. The other fact was the experiment at Croydon, which certainly did appear most successful. There the river was formerly polluted by the sewage. A farm of forty acres was then taken; ordinary drains were cut, the sewage was turned into the land before it passed into the river, thus purifying it of its offensive ingredients, and proving of great advantage to the land. Croydon had thus solved the problem extremely well; but how such a system could be applied to London was a problem still unanswered. He described various propositions which had been submitted to the Metropolitan Board of Health, and that they had acted on the opinion of Mr. Rawlinson, the Government engineer and the adviser of the Government, who was of opinion with regard to London that it could never be made a commercial success, and must end in bankruptcy. Of course, in Bath they were more happily placed; they had not to deal with the excreta of 3,000,000 persons, and the experience of Croydon might be applicable to the case of Bath.

The Very Rev. the Dean of York said he understood that in the case of Croydon the sewage water was sent into the river in a comparatively pure state—so pure, indeed, that fish could live in it. He also understood that the sewage water there, though not exactly pure, was so to a great extent. Had any chemist made experiments of the drinking of such comparatively pure water on animal life?

Mr. Tite, M.P., believed that such experiments had not been made.

Professor Williamson drew attention to the fact, that when cholera prevailed lately in this country its origin was believed to be traced in many instances to the fact that the sewage drained into the pump wells.

Professor Bennett, of Edinburgh, observed that much importance had been attached to the question of deodorisation, and smells were regarded not only as a nuisance, but were supposed to be a cause of disease. He believed that effect of smells as a cause of disease had been much exaggerated, and he instanced Montfauçon, near Paris, in proof of this. The sewage of Paris was taken to Montfauçon, was there allowed to dry in open pits, and it was found not to interfere with the health of the district, though the smell was certainly terrific. (Laughter.) In Cologne and in Belgium the sewage was utilised in a similar manner, the dried deposit of the sewage was reduced to powder, and as poudrette was sent all over France, and proved the most valuable manure which had yet been discovered.

Mr. Tite, M.P., wished that the meeting should not be misled by the last speaker. In Paris cesspools were still permitted; in London they had long ago been denounced as the great cause of fevers, and were no longer allowed.

Dr. Lloyd opposed the views expressed by Professor Bennett. It had been proved that smell was noxious, and in the district near the river in Bath he had long noticed that amongst those who resided there, first came degradation, then ill health, and then premature death.

Captain Galton said he knew numerous instances of disease from the state of the River Thames.

Mr. Rumney, of Manchester, said cesspools, as in Paris, were permitted in Manchester, and there was no evidence that fever or other diseases prevailed there to a greater extent than in other towns in the kingdom.

Mr. Webster, Q.C., confirmed the statement made by Mr. Rumney.

SECTION D—PHYSIOLOGY.

The members and associates attending this section met at eleven o'clock on Friday, the President, Dr. Gray, in the chair. The section, during the day, was very largely attended, the room being crowded from an early period of the day.

THE LARYNX OF THE NEGRO.

Dr. G. Gibb read a paper upon the special differences between the larynx of the negro and the white man. After describing the larynx of the latter, he remarked that the essential point of difference between the two consisted in the invariable presence of the cartilages of Wrisberg, the oblique or shelving position of the true vocal cords, and the pendent position of the ventricles of Morgagni. "Any one familiar," said the author, "with the dissection or examination of the larynx in ourselves, cannot but perceive that these peculiarities are not observable unless we admit the occasional presence of the first in certain windpipes. Now, we may be told by some anatomists that they have commonly seen these Wrisbergian bodies, and that they are not rare, but that sort of evidence counts for very little.

These small bodies, the cartilages of Wrisberg, are either very minute and rudimentary, or wholly wanting in the white race, whilst they are large and well developed and always present in the black or coloured races. It may be mentioned also," said Dr. Gibb, "that I have dissected them in monkeys, in which, even the smallest species, they are relatively large in comparison to the size of their bodies; and, with the object of attracting attention to them in the quadrumana, I exhibited specimens before the Pathological Society of London, in March, 1861, three and a-half years ago. Those who argue that the black race are inferior to the white, and approach the quadrumana in some of their features, would naturally lay hold of what I have stated to prove the truth of this theory, especially as regards the Wrisbergian cartilages and the position of the ventricles; but I take the opportunity of declaring at once, that whatever views may be entertained by anthropologists respecting the position in the scale of beings occupied by black and white, they are discarded from this communication."

Mr. Crisp remarked on this paper, that even if Dr. Gibb was right, and these cartilages pointed out existed, it was no proof of the degradation of the negro. Extraordinary statements had been made on this subject. It might be that these particular cartilages were given to the negro just the same as a black skin was given him, and this did not imply the least degradation.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

Case of Recurrent Fibroid, under the Care of Mr. Henry Smith.

We had lately an opportunity of witnessing a case of recurrent fibroid tumour, which was under the care of Mr. Henry Smith, and on which he operated for the removal of the abnormal growth.

The history attached to the case is as follows:—The lady (who had come from Dublin to have the operation performed, and to place herself under whatever treatment Mr. Smith should consider necessary) was about forty-five or forty-seven years of age, of spare habit, but in the enjoyment of good health; she was mother of seven children, some of whom were grown up, and of whom none at any time had suffered from an affection similar to that for which the present operation was required.

The tumour was first perceived about four years since, and was observed to be movable under the integument, as well as upon the tissues on which it rested; it was at that time of a very small size, not being larger than the kernel of a small filbert, and it occasioned no pain or any inconvenience. In this way it continued till about a year since, when it received an injury that caused it to take on more rapid growth. Last May it had attained such a size that it was considered advisable to have it removed, and accordingly the operation necessary for such a purpose was put into execution; as, however, the surgeon who operated was fearful of opening the knee-joint, there was some apprehension of there having been a piece of the tumour allowed to remain after the greater portion had been excised. To prevent a recurrence of the growth—if such a happy issue could at all be obtained—caustic in a fluid state, probably nitric acid, was applied two or three different times; the application had not the desired effect, and it soon became manifest that the bared surface was throwing up a new growth and that a tumour was forming afresh. This it was endeavoured to remove by the caustic; and when this plan of treatment was found to be of no avail, a second operation for removal was deemed expedient, and was advised by the Dublin surgeon in attendance.

The lady preferred coming to London and placing herself in the hands of Mr. Smith, who at once advised removal with the knife, instead of dealing with the affection in any other way.

In the performance of the operation Mr. Smith was assisted by his house-surgeon, Mr. Bell; and when the patient was brought under the full influence of chloroform, the former gentleman proceeded to sweep the knife round the base of the tumour, commencing his incision above and carrying it downwards towards the joint, taking care to cut quite into the healthy tissues, and altogether free of the diseased mass, and at the same time sufficiently deep to include the entire tumour.

This last step in the operation required great nicety of manipulation and delicacy of touch, lest the knee-joint should have been opened by the knife in the attempt to clear away every fragment of the mass, the base of which rested on the fascia covering in that joint. Mr. Smith, therefore, with his usual rapidity, at the same time that he used the utmost possible caution, dissected the tumour from off the fascia, and, where the two were in very close proximity, he lifted up the former, and isolating it as much as it would allow, he put upon the stretch the bands by which in some places it seemed to be held down and severed them with his knife. When, however, the attachments were very close, he tore the mass from its berth by means of his fingers; in order thus to avoid injuring the fascial capsule of the joint, in which effort he succeeded to his entire satisfaction.

The tumour having been removed, the edges of the wound were brought together at their uppermost part, and were maintained in this position by means of the silver-wire sutures; at their lower part they were approximated by the aid of strips of adhesive plaster, over which were placed a pledget of lint and a few turns of a roller.

It was not hoped that the wound would unite by the first intention, nor was the attempt made to procure such a result. Mr. Smith preferred to obtain the filling up of the space left after the operation by means of the granulating process, since he considered the growth less likely to recur were the wound allowed to heal by granulations.

Before removal, the tumour wore all the appearances of fungus hematodes; there were, the irregularities of surface, and the soft fungating appearance, the peculiar tint of colour, and a slight mattery discharge. There were, however, in this case now under notice, most excruciating pains when anything touched the surface of the tumour, and an entire absence of bleeding from the morbid mass.

When all the steps of the operation were completed, Mr. Smith divided the tumour, and then its true nature became apparent. It was not what at first sight it appeared to be—a true malignant growth—a fungating tumour, such an one as has received the name of fungus hematodes, but one of a semi-malignant nature, and to which is applied the term recurrent fibroid. These tumours have been particularly described by Paget. In external appearances and general characteristics they resemble the common fibrous growths, but in structure they are allied to the fibro-plastic. Cases are on record in which they have recurred as often as six times, and then terminated in death. There is an account given by Dr. Maclagan of a patient in whom the growth returned after it had been twice removed, but who continued free from it after a third excision had been practised.

The great characteristic of these growths is their recurrency; and it is to be observed that at each time of return they assume a more decidedly malignant nature, passing step by step, as each tumour becomes developed, from their original benignity of structure into the malignant form of growth.

PARISIAN MEDICAL NEWS.

DESTRUCTION OF NASO-PHARYNGEAL POLYPI BY THE ELECTROLYTIC METHOD.

Surgeons have of late years devoted much time and attention to the treatment of pharyngeal polypi. The difficulty of removing every part of such growths has even induced M. Gustave Flaubert to recommend and perform, in extreme cases, the excision of the superior maxillary.

MM. A. Robert, Michaux, Maisonneuve, and others, have adopted this practice. In order to avoid the formidable mutilation involved in this proceeding, M. Nélaton prefers opening a passage through the palate. The tumour may thus be fully exposed, and the surgeon is enabled to resort with ease to whatever measures he may devise for its entire destruction.

The selection of an appropriate agent is, however, a more difficult task than might be imagined. The slightest contact of the knife often causes copious hæmorrhage, and the blood flowing into the pharynx and air-passages is thence rejected by coughing and vomiting, which interfere in the most inconvenient manner with the performance of any effectual operation. Syncope, also, frequently supervenes, and greatly adds to the surgeon's perplexity. M. Nélaton, dissatisfied with the results afforded by ligature, avulsion, linear crushing, or every shape of cauterisation, actual or potential, has recently resorted to a mode of destruction in which electricity is a principal agent, and which he has communicated to the Academy of Sciences under the denomination of the electrolytic method.

In this procedure destruction is not effected in the same manner as with the galvano-caustic apparatus, but by an electro-chemical agency, induced by two needles inserted into the tissues, and placed in communication with the conductors of a sufficiently powerful battery. The parts situated in the vicinity of the needles are more or less extensively destroyed, and the eschar is promptly eliminated. M. Nélaton brought forward the following experiment, in illustration of the effects of the electrolytic method:—Two electrodes were inserted into the tongue of a dog at fifteen lines from the tip. An eschar formed across the organ and the extremity of the tongue was removed by gangrene. Two different modes of destruction are therefore here displayed: the electrolytic action, followed by gangrene caused by obstructed circulation.

Dr. Ciniselli, of Cremona, has supplied, in an interesting memoir, the physical and chemical explanation of the mode of operation of this new surgical appliance. But to M. Nélaton we are indebted for having introduced it into rance, and performed demonstrative experiments on Fnimals. The case which he related at the Institute was ahat of a young schoolmaster whom we had an opportunity of examining at the Hospital of the School of Medicine, and who was admitted into the wards for a large polypus of the nose and pharynx, which bled on the slightest contact. Every kind of treatment had previously been resorted to without success, and at last M. Nélaton determined on trying the effects of the electrolytic method. The apparatus used was Bunsen's battery (nine cells), and two platinum needles one-third of a line in diameter. The first operation lasted ten minutes, and caused unimportant pain only; but some distress was occasioned by the passage into the pharynx of a sort of frothy matter resulting from the decomposition of the parts into which the needles had penetrated. A slight shock was experienced at the beginning and at the conclusion of the cauterisation, but no hæmorrhage took place. Six operations were thus successively performed, at intervals of ten days. On the 28th of May the patient was discharged. A complete cure was then effected; he had remained four months in hospital.

This interesting case encourages a hope that Ciniselli's electrolytic method will also be found serviceable for the treatment of deep-seated tumours.

HOTEL-DIEU.—M. MAISONNEUVE'S WARDS.

Extemporaneous Ligature.

We have frequently adverted to the brilliant results obtained from linear crushing, and from extemporaneous ligature. The name of the method is a matter of indifference, and it is not our intention to establish an invidious comparison between two procedures so closely allied to each other. The simplicity of the means of constriction resorted to by M. Maisonneuve invests them, however, with a certain superiority over M. Chassaignac's powerful *écraseur*. They are readily procured, and may, in a certain degree, permit the surgeon to dispense with so costly an instrument. In addition, when the field of operation is limited in extent—for instance, in the removal of polypus of the ear, of pterygium, and a host of small pediculated growths, situated on the genital organs or elsewhere—a piece of silver thread or wire, a silk or thread ligature, are more easily managed than a metallic chain-saw, endowed with mobility in one direction only, and which cannot readily embrace tumours included in narrow cavities, or lying on irregular surfaces. MM. Matthieu and Luër have, it is true, constructed on the same plan as the larger instrument very small *écraseurs*, which may be carried in a pocket-case, but their use is not general, and it is desirable that the humblest practitioner should be enabled to impart to his patients the invaluable benefits of a method founded on a principle which is not new, but the regular application of which to modern surgery gives to M. Chassaignac a strong claim on the gratitude of the Profession.

M. Maisonneuve remarks, in the first place, that in many instances no instrument whatever is necessary, and that the surgeon can apply all the constriction required with his hand or fingers. Simple metallic wire is often sufficient for the excision of vegetations or small polypi. In general, however, some sort of mechanism must be superadded, the ligature-adjuster, for instance, which consists merely in a metallic tube containing the double ligature; one of the extremities of the tube forms with the loop a circle, in which the tissues are included and crushed, whilst the tractive efforts are applied at the other end. In most cases a female catheter will answer the purpose; a small winch may be added, on which the extremities of the ligature can be coiled so as to tighten the constriction at will. Graëfe's ligature-adjuster may also be used; it consists of a metallic tube, including a screw and ring, to which is attached the ligature, and which in receding tightens the loop, so as to cut through any intervening substance.

M. Maisonneuve's pocket ligature-tighteners, which he uses for the amputation of polypi of the nose and ear, the excision of the uvula, and of hæmorrhoids, for the incision of fistula in ano, and the removal of every kind of pedieulated growth, closely resemble Graëfe's instrument, with this difference, that the extremity from which issues the loop is flattened instead of being round, so as to form a narrow slit, and not a circular aperture. The constriction is generally effected with annealed iron wire, one-third of a line in diameter. This very simple contrivance might be found sufficient in most cases, and fully deserves a corner in every surgeon's instrument-case.

If greater power is required, M. Maisonneuve has recourse to his *constricteur*, an instrument constructed on the same principle, but on a much larger scale.

We shall now describe two applications of extemporaneous ligature.

The first case which occurs in our notes is the excision of an epithelioma of the lower lip and left commissure, in a man of sixty. The disease occupied the entire length and depth of the lip, and on the 6th of February M. Maisonneuve performed the operation, with a piece of common packthread. As the growth reposed on a broad basis, the surgeon resorted to the arch ligature (*en arcade*) which Récamier has recommended for the extirpation of tumours of the tongue, and of annular cancer of the rectum. With a ligature-needle three strong threads were inserted through the lip at an inch from each other, and each thread was then used as a conductor to pass through the tissues a loop of strong twine. The loops were then cut, and each extremity securely tied to the neighbouring ligature, forming a series of arches, which involved the entire base of the cancer; the free extremities of the twine were secured in the same manner, and passed through the tube of the constrictor. The growth was thus detached without any hæmorrhage whatever in less than five minutes, and no dressing was applied to the wound, which at first was perfectly dry. Suppuration, however, soon set in, and on the thirteenth day the patient was discharged entirely cured.

We noticed another case: the patient was a man affected with suspicious disease of the testicle. Chloroform was exhibited, and the testis was removed by ligature. A loop of iron wire was passed round the testis, skin and spermatic

cord; the screw was set in motion, the loop was tightened to the extreme limits of constriction, and the envelopes and cord were cut through without the escape of a single drop of blood. The wound, which was extremely small, was dressed, as it is usual, in M. Maisonneuve's wards, with the glycerine and phenol liniment (Phenic Acid, 1; Glycerine, 99), and on the sixth day after operation the lips of the division were united with *serres-fines*. In the course of three weeks a complete cure was effected.

MENINGEAL APOPLEXY OF INFANTS.

Although of not very common occurrence, effusion of blood between the membranes of the brain is yet sufficiently frequent in early infancy to have attracted the attention of observers. We may, for instance, mention the interesting researches of Dugès, Billard, Cruveilhier, Valleix, Legendre, and also a recent paper on the subject published in the *Union Médicale*, by M. Hervieux, one of the physicians of La Maternité.

Meningeal apoplexy is generally the result of difficult or tedious labour, but may also originate in a hæmorrhagic diathesis consequent on certain morbid states, amongst which M. Hervieux opines that sclerema and congenital or acquired debility are the most distinctly prominent. Fits of anger and exposure to the sun are also numbered by M. Bouchut amongst the causes of the disease, which they doubtless promote by inducing cerebral congestion.

Meningeal hæmorrhage almost invariably occupies the great arachnoid cavity, where the blood, at first in a liquid state, soon coagulates. We stated in a former number that chronic hydrocephalus occasionally originates in an effusion of this kind. Legendre describes as follows the symptoms in new-born infants, and in children under three years; in none of the cases recorded by that much-lamented observer did the patients outlive this age:—

"Vomiting may be absent, but generally occurs once or twice, when feverishness supervenes, accompanied by slight convulsive action of the ocular muscles, which usually leaves after it a certain degree of squinting. Loss of appetite and thirst are then noticeable; the motions are natural or easily induced. After a brief interval the feet and hands are permanently contracted, and paroxysms of tonic or clonic convulsions soon set in. Consciousness and sensation are abolished during the fits, and the countenance assumes a darker hue. The intermissions are marked at first by a slight amount of drowsiness, which gradually turns to torpor as the disease progresses. Fever persists throughout, and daily increases in intensity, and the intervals between the paroxysms diminish in length, until at the close of the painful scene the fits run into each other in almost uninterrupted succession."

Valleix also includes violent convulsive attacks amongst the symptoms of the meningeal apoplexy of infants. He relates the history of a male child, who, two days after its birth, was brought to the Infirmary of the Foundling Hospital for contusion of the shoulder. The little patient was progressing mostfavourably, when, four days after his admission into the wards, he was suddenly seized with convulsions. The face became turgid, the neck and limbs rigid, the breathing laborious and fluttering. These symptoms lasted about thirty seconds, but recurred four or five times in a few minutes, when they subsided, and the child appeared to have perfectly recovered. Three hours afterwards, however, a fresh paroxysm supervened, and the infant expired in the course of three minutes. On dissection copious sanguineous exudation, four or five lines in thickness, was found in the arachnoid cavity, with coagula adhering to the serous surface.

M. Hervieux opines that the symptoms most frequently coincident with meningeal hæmorrhage in infants are the torpor and immobility of the little patient, and the feebleness of the scream, coupled with convulsions, especially of a tonic or permanent character. In doubtful cases the diagnosis derives greater certainty from the presence of the signs indicative of a hæmorrhagic predisposition, such as the possible escape of sanguineous urine, the passage of blood with the fæces, or the oozing of froth tinged with blood from the mouth and nostrils. "We must not," says the author, "lose sight of the fact that, of all the morbid manifestations to which the hæmorrhagic diathesis can give rise, meningeal apoplexy is unquestionably the most frequent."

The onset of the disease is sometimes sudden, and it runs rapidly through its stages, but occasionally assumes a slower progress, in the same manner as algid sclerema, gastro-enteritis, which usher in or pave the way to its development. Meningeal hæmorrhage, neo-natorum, varies in duration from a few hours to ten days or a fortnight, but seldom lasts beyond ten days. It usually proves fatal; but while informing the parents of the extreme gravity of the case, the practitioner must not remain inactive, but endeavour to evolve the indications of treatment from a careful inquiry into the causes of the hæmorrhage.

In M. Hervieux's opinion, no other drink should be allowed but the nurse's or mother's milk, and all remedial agents should be applied externally. If algor be present, thechild should be well wrapped up in cotton wool, or in his ordinary clothing covered with oiled silk, or india-rubber tissue: shampooing should be resorted to for the dispersion of sclerema, and appropriate remedies be employed for the removal of thrush, enteritis, or general erythema. When torpor and convulsions supervene, leeches or cupping must be prescribed. One leech, for instance, should be applied behind each ear, so as to relieve, if possible, the congested state of the cerebrum. If the child is in a very debilitated condition, an interval of a few hours may be permitted to elapse between the application of the two leeches. When the muscles of the entire body are in a contracted state, pointing to hæmorrhage in the envelopes of the spinal cord, cupping should be applied over the spine. Mustard-poultices to the legs, and warm baths (94°), simultaneously with cold applications to the head, will also be found useful.

PERMANENT CURE OF ATRESIA OF THE MEATUS BY AMUSSAT'S METHOD.

Despite all their efforts, surgeons acknowledge their almost entire inability to preserve in a dilated state after incision any contracted natural orifice, when Amussat proposed a plan which he often applied with success in cases of atresia of the meatus, foreskin, anus, vulva, &c. The method consists in daily freshening the angle of the wound so as to destroy the pyogenic membrane, which has an almost unconquerable tendency to bring about union of the divided parts. The angle being thus prevented from closing, the surfaces heal separately.

M. Malgaigne ('Operative Surgery,' 7th Edit., p. 91) describes this procedure, and remarks that it often fails in effecting the desired result in the case of dry and extensive scars or bands, but that he can bear witness to its efficacy as a means of obtaining permanent enlargement of the urinary meatus. We have had no opportunity of testing the correctness of M. Malgaigne's assertion with regard to extensive and deformed scars, and adhesions, such as may result from burns, but we are in a position fully to confirm his statement of the utility of the method to secure the permanence of the enlargement of the meatus, and the following case, borrowed from M. Alph. Amussat's practice, is a recent illustration of the good effects of the procedure.

This gentleman was consulted, on the 2nd of November, 1863, by a young man of eighteen, afflicted with a kind of malformation called hypospadias. Two orifices, barely large enough to admit a style, existed on the inferior surface of the penis, on a level with the corona glandis. The anterior aperture led into a *cul-de-sac* four lines in depth, and the posterior orifice, situated about two lines further back, was the true meatus. The patient stated that the stream of water had always been extremely thin, and that when he was quite a child an operation had been unsuccessfully performed to remedy this state of things. In May, 1863, he was affected with gonorrhœa, for which the usual treatment was instituted. The emission of urine gradually became more difficult, and in October, the lips of the meatus being frequently glued together, he was often com-

pelled to use a pin to remove the obstruction. It was obvious that the natural diameter of the orifice could be restored by an operation only, and on the 3rd of November M. Amussat proceeded as follows, in the presence of M. Naudin, the patient's usual medical adviser :—

He inserted a narrow-grooved probe into the meatus, and slit it to an extent of three lines and a half; a catheter was then placed in the passage, where it was permitted to remain for four-and-twenty hours. From this date, M. Amussat every morning freshened the lower angle of the wound with a bistoury, up to the 18th of the same month, and a conical bougie was occasionally introduced. The lips of the incision were then found to have healed separately, and the patient was advised to pass, now and then, a bougie three lines in diameter through the new orifice.—'Journal of Practical Medicine and Surgery.'

LEGAL INTELLIGENCE.

SUMMONS UNDER THE MEDICAL ACT.

Marlborough Street.—Sept. 14.

Mr. Francis Bearnard, "surgeon-chiropodist," No. 59 Regent street, appeared to answer a summons under the new Medical Act, for unlawfully, wilfully, and falsely pretending to bear, and taking and using the name of "surgeon," implying that he was registered under the Medical Act as a surgeon.

Mr. Talley stated that he appeared for the General Council of Medical Education and Registration, for the purpose of enforcing the provisions of the new Medical Act, and also for the protection of the public. The 40th section of the Act was as follows: "Any person who shall wilfully or falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or licentiate in medicine or surgery, or a practitioner in medicine, or any apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding 20*l*." He wished to state that, in taking these proceedings against Mr. Bearnard, there was no feeling of animosity towards that gentleman. Mr. Talley was about to read the 27th clause of the same Act, when

Mr. Lewis said he would admit that Mr. Bearnard was not registered as a surgeon.

Mr. Talley believed it would be pleaded that Mr. Bearnard was surgeon-chiropodist to the Royal Family.

Mr. Tyrwhitt said it had not yet been proved what was on the door-plate.

Mr. Talley said the words on the door-plate were, "Mr. Bearnard, Surgeon-Chiropodist to the Royal Family." Under that description Mr. Bearnard might have operated on a patient's foot, cut off a toe, and perhaps ruined him for life.

Mr. Lewis said Mr. Bearnard had been in practice for twenty-five years, during fifteen of which he had carried on business in Regent street. He would admit the words on the plate; but he submitted that Mr. Bearnard had not brought himself within the Act. Mr. Bearnard had operated upon several of the judges, and also upon medical men, all of whom were surprised to find that he should have been made the subject of proceedings under the new Act. He had the most extensive practice in England, and had never pretended that he was a surgeon. The question to decide was, did the words "surgeon-chiropodist" bring him within the meaning of the Act? The Act said, "Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners," &c. He did not presume for a moment that it would be argued that any person cutting his own corns or those of another person must be considered a medical man. Mr. Bearnard, in describing himself as a surgeon-chiropodist, did not hold out to the world that he was a surgeon or a duly qualified medical practitioner. He intimated that he was a surgeon-chiropodist, implying by those words that he was a chiropodist by surgical means—that was, that he cut corns. No person passing Mr. Bearnard's door, and wishing to have his corns cut, would for one moment imagine, from what he saw on the door, that Mr. Bearnard was a surgeon. In his own country, Mr. Bearnard was a qualified surgeon, though he was not a member of the surgical profession in England.

Mr. Talley said Mr. Lewis omitted the circumstance of the words "Royal Family" being used on the plate.

Mr. Lewis said the present case had nothing to do with that. He contended that Mr. Bearnard had only done what was very common in these days in adding a little grandeur to his name; not, however, with any intention of making the public believe he was a surgeon under the Act. Had Mr. Talley attacked some of the numerous quacks who infested London, instead of a gentleman who had carried on business respectably for many years, he would have done a real service to the public. If the summons was dismissed, Mr. Bearnard would be happy to meet him on a case in the Queen's Bench.

Mr. Tyrwhitt said the case was of importance, and he should like to have a little time to look into the matter. He should, however, like to know why Mr. Bearnard used the word "surgeon" at all, as that would lead people to presume he had had some medical experience, and a surgical education.

Mr. Lewis said Mr. Bearnard was a surgeon in his own country.

Mr. Tyrwhitt would give his judgment in a week.

MEDICAL NEWS.

The Poisoning Ordeal of the Africans.—The recent case of poisoning by Calabar beans in Liverpool has brought into publicity the particulars of a strange custom which prevails amongst the natives on the west coast of Africa. The following interesting account of the ordeal is contained in a letter, written in order to furnish some reliable information regarding the bean that caused so much distress in Liverpool :—"The Calabar bean, as an ordeal, is given in various quantities, from below a dozen to over a hundred, but a very small portion—less than half—of a bean is sufficient to destroy life; while, on the other hand, entire dozens of the bean have been taken with impunity, being quickly rejected by the stomach and bowels. One bean halved between a brace of infatuated duellists has cut both off; and a woman who was tried for witchcraft some years ago, and who must have taken some dozens in the process, was still living and in vigorous health last year. When used by duellists, it is customary for the challenger to bite a bean in two, consume his half, and hand the other to his opponent, who is obliged to eat it up. This is said to be a common thing among the Ibebios. When it is administered in public trial, the accused is compelled to eat up a few beans just as you see them, while others were being pounded to pulp in his presence. This is afterwards well mixed with water, and one part of the mixture given as a drink and the other administered in the form of an enema. If the poison so irritates stomach and bowels as to be completely ejected, which is often the case, the party escapes and is pronounced innocent; if not, he dies, and is therefore guilty. The plant grows to a large size, one plant climbing sometimes over several trees, and almost entirely enveloping them in its foliage. It is often to be met with on the banks of the Calabar river. The flower is not unlike that of the sweet pea."

Medical Appointment in the Paraguayan Army.—The Buenos Ayres 'Standard' of June 28 says :—"The last mail from Asuncion brings intelligence that Dr. Stewart has been named Surgeon-General to the Paraguayan army, by order of His Excellency President Lopez. The importance of this promotion may be inferred from the fact that the army placed under his charge amounts to 40,000 men. Dr. Stewart was born of a respectable family in Perthshire in 1831. He made the usual medical studies at Aberdeen and Edinburgh, and took out his diploma, of M.D., at the

latter University. In 1853 he was appointed to the medical corps of the Osmanli Horse Artillery, and afterwards joined the Bashi-Bazouks at Scutari. He was medical adviser to General Vivian, and crossed the Balkan Mountains to serve in the hospital at Schumla. At the close of the Crimean war he came out with the Anglo-Italian Legion, which was destined to form a colony in the Gran Chaco. This enterprise having failed, he was engaged by President Lopez for the army medical service in 1857. Since that time he has been a great personal friend of General (now President) Lopez, and raised the medical service to a high state of efficiency, being assisted by Drs. Barton, Skinner, and Fox, and Mr. Masterman, Pharmaceutical officer. We believe that Dr. Stewart's present post is worth about 2,000*l.* per annum. The Government has also instructed him to write to Professor Laycock for three medical practitioners, to whom will be given the rank of captain, with a liberal salary, house, horses, and servants. Dr. Stewart resides in Asuncion, and has a splendid cotton and tobacco plantation at his country place near Ibicuy, some thirty leagues from the capital."

DR. LANKESTER ON POST-MORTEM EXAMINATIONS.—Dr. Lankester, last week, held an inquest on the body of Elizabeth Anne Bushnell. It appeared from the evidence of the husband, who is a fruit porter in Covent-garden Market, that his wife had been addicted to drink, and that on the day before her death she fell down and injured her head. Mr. Morritz, a surgeon, was sent for, but the woman died before he arrived. In answer to the coroner the medical gentleman said he did not analyse the stomach, as he felt certain about the cause of death. The coroner said he wished it to be distinctly understood by the Profession that when he ordered a post-mortem examination to be made, it was to be a thorough and not a partial examination; all the organs were to be tested, as poison had frequently been found when there was no suspicion of anything of the kind having existed. As a proof of the necessity for such a thorough examination as he insisted upon, he mentioned a case which came before him some time ago—that of a woman who was supposed to have died from an epileptic fit; but on the stomach being carefully analysed, it was discovered that she had taken a large quantity of oxalic acid. In the present case the jury found that the deceased died from apoplexy, accelerated by a blow and by her previous habits.

USES OF MUSHROOMS.—Enormous and almost unprecedented quantities of mushrooms have been gathered in Devonshire this season, which is accounted for by the long drought and the rains following upon it. A scientific gentleman of Exeter communicates to the 'Devon Weekly Times' some exceedingly interesting information relative to mushrooms. He says:—"The immense quantities brought into the market, as well as those brought to our doors, have suggested to me the idea of writing a short account of the properties and uses of mushrooms. People generally look upon mushrooms as a sort of luxury, and not as an actual article of food. The inhabitants of Italy, France, Germany, and Russia use large quantities of various species rejected by us as articles of food. Indeed, fungi not only constitute for weeks together the sole diet of thousands, but the residue, either fresh or dried, is variously preserved in oil, vinegar, or brine, and sold to the poor. In the Italian market, which is perhaps more largely supplied than any other with fungi, there is a regular inspector, whose business it is to look over the various lots brought into the market, and if any species or specimens of a poisonous nature are detected those are at once thrown into the Tiber. Now, curious enough, the one we so highly prize, *Agaricus campestris*, is by the Italians considered unwholesome, and is consequently rejected by them. Dr. Badham has written a treatise on the edible species indigenous to this country, and he has enumerated upwards of thirty species that might be used as articles of food, but great caution must be used by those who gather them not to pick the doubtful ones. Although, generally speaking, there is but one species brought to our markets, I have frequently seen another gathered with them. This generally grows to a much larger size, is not so tender, and has always a yellowish tinge on the top of the pileus or cap. This is *Agaricus exquisitus*, or Georgi; notwithstanding its name, denoting its exquisite flavour, it is by far inferior to *campestris* and its varieties. This *Agaricus exquisitus* is largely used for making catsup; it grows in the salt-marshes in the eastern counties in enormous quantities, and I have observed them here (Exeter) in the salt-marshes very fine. As a nutritious article of food, the mushroom, perhaps, yields to none of the higher forms of the vegetable kingdom. It is next in importance to butcher's meat. And curious enough, and which is indeed almost an anomaly, mushrooms breathe or give off carbonic acid gas the same as animals, and absorb oxygen. It is a very remarkable fact that these lowly plants come nearer to the animal kingdom than the higher forms of the vegetable world. All fungi do not absorb oxygen and give off carbonic acid, but so far as has been ascertained all the edible species do. Of all vegetable productions these are the most highly azotized—that is, they come nearer in their chemical composition to the flesh of animals than any other of the vegetable kingdom. Many of them, in addition to sugar, gum, and resin, have a peculiar acid, called fungic acid, and a variety of salts. They also furnish considerable quantities of albumen, adipocire, and osmazome; this last is the principle that gives its peculiar flavour to meat gravy. Besides the solid in mushroom diet we have what is well known to almost everybody, the expressed juice called catsup, catchup, or ketchup. This word, which is spelt in various ways, is quite a puzzle to philologists; some suppose it to be derived from Kuck-hup, a Hindostanee word for turtle. In the *Cuisinier Royal par Viart* it is mentioned among the "petites sauces" as ket-chop. If more attention were paid to these lowly forms of the vegetable kingdom many a good meal might be obtained by those who now feel the pinch, or want a dinner. I wish some cheap work could be written, with characteristic figures of the edible species inhabiting the British Isles, so that it might come within the means of those who cannot afford to purchase the more expensive works. We have shilling volumes on almost every popular subject but this, the lower forms of vegetable life. I think there is plenty of room here for a popular treatise on these useful but neglected plants. The aggregate number of fungi, so far as is at present known to inhabit the British Isles, is about 2,400 species, and these are being constantly added to; and the writer of this has discovered, in Devonshire alone, between 700 and 800 species, and there are plenty more yet to be discovered."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 21.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 22.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 23—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 24.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 26.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m

TUESDAY SEPT. 27.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

In consequence of the length of our Special Report of the Proceedings of the British Association, we are compelled to postpone several communications and answers to correspondents.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT BATH.—SPECIAL REPORT.

(Continued from page 197.)

In our last number we carried down the proceedings of the Association, so far as they are connected with Medicine and the Collateral Sciences, until the end of the first week, and we now proceed to offer a general sketch of the subsequent transactions, together with abstracts of such papers as we think may prove most acceptable to our readers. To report in full all the proceedings of the Association would be a vain and unnecessary task, inasmuch as the sphere of its operations embraces the whole range of Mathematical and Physical Science; and to offer a mere dry catalogue of the papers read, or the subjects discussed, would be as useless as it would be uninteresting.

The Sections in which subjects were introduced of more or less interest to the Medical Profession were those of Chemistry (B) and of Zoology and Botany (D), the latter including Physiology as a sub-section. In our notice of this sub-section last week, we stated that it was not very well supported in point of numbers, and such at first was the case; but, as time went on, the proceedings became more and more attractive, until the small room in which the meetings were held was inconveniently crowded; and on the last day, when this sub-section met, and when an animated discussion took place on the subject of Dr. Hughes Bennett's paper "On the Physiological Aspect of the Sewage Question," the room was thronged by an audience composed of both sexes, the ladies appearing to take as much interest in the question as the gentlemen, and listening to remarks, not always of the most savoury character, with perfect composure. We must observe, however, that no statements were offered which could in any way be deemed offensive or indelicate; and perhaps ladies have as much right to know about the construction of water-closets and cesspools, and the disposal of manure, as the other sex. *De gustibus non disputandum.*

We should state that the Physiological Sub-section, in consequence of the numerous papers offered, outlived most of the other sections by a whole day; for whereas most of them wound up their proceedings on Tuesday afternoon, it did not close until Wednesday; and on the previous Saturday, when many of the members of the Association were dispersed in joining the different excursions, the Physiological Sub-section was diligently pursuing its useful labours, undistracted by the alluring invitations of the Earl of Cork and Orrery, and of the Countess of Waldegrave and Mr. Chichester Fortescue, to partake of their hospitality, and to visit the objects of interest in the vicinity of their respective domains.

Among the remarkable incidents of the Bath Meeting were the melancholy death of Captain Speke, the distinguished and gallant explorer of the sources of the Nile, who had entered upon the business of the Association on Thursday, and was accidentally killed by the discharge of his gun on that day; and the address of Dr. Livingstone, who, it will be remembered, is a member of our Profession, and who addressed an enormous audience in the theatre on the subject of his late travels in the interior of Africa. It may be gratifying to the numerous friends and admirers of this enterprising explorer to know that he appears to be in excellent health and spirits, and that he contemplates another visit to the scene of his disinterested and now celebrated labours.

The proceedings of the Association were concluded, on Thursday last, by excursions in one direction to Bristol and Clifton, and in another, to Salisbury, Old Sarum, Wilton, and Stonehenge. In the former, the visitors had an opportunity of inspecting the geological structure of the country around Bristol, comprising the carboniferous limestone, the coal-formations, and the millstone-grit; the various manufactures which are carried on in the City, and the Cathedral, the Church of St. Mary Redcliffe, and other public buildings; and last, not least, they had the satisfaction of being the first promenaders on the splendid suspension-bridge which now spans the chasm between the St. Vincent rocks at Clifton, and of partaking of the munificent hospitality of the Bristol citizens in the Clifton Assembly Rooms. In the Salisbury excursion, the visitors were entertained by the Mayor of that City; and besides inspecting that noble edifice, the Salisbury Cathedral, and the beautiful church at Wilton, they were conveyed to the gloomy and impressive solitude on Salisbury Plain, where the stately pile of Stonehenge recalls the almost mythic period when the Druids performed their primitive religious rites and exacted their bloody sacrifices on the soil of Britain.

The late meeting of the British Association was eminently successful, and although not so numerously attended as the previous meeting at Newcastle, yet, when the respective populations of the two cities are considered, the result is most highly satisfactory. The actual number of those who attended the Bath meeting was 2,789, of whom no less than 1,059 were ladies, while at Newcastle the number amounted to 3,334; but the population of Bath is about 52,500, while that of Newcastle is upwards of 100,000: so that, in proportion, the Bath meeting was the more successful of the two.

It must be added that, although Bath has long been celebrated rather as a resort of fashion than as a centre of science, it is by no means deficient in attraction to the scientific investigator, especially to the geologist and the antiquarian; and its museum, containing a rich collection of local remains, chiefly of the Roman period, together with a most valuable and interesting series of geological specimens stratigraphically arranged, is one of the best in the kingdom. The medical men of Bath, as usual on such occasions, offered a warm welcome to their medical brethren who attended the meeting of the Association, and their hospitality will form one of the many agreeable reminiscences which will be carried away by the visitors to the British Association for 1864.

SECTION F—ECONOMIC SCIENCE AND STATISTICS.

THE COMPARATIVE MORTALITY OF LONDON AND PARIS.

Mr. Tite, M.P., read a paper on this subject, of which the following is an abstract:—

The inquirer into the mortality of the two cities cannot but perceive, at the outset of his inquiries, that they are situated under very different hygienic conditions, and that these conditions are greatly in favour of Paris. Thus, the geological nature of the soil—the kinds of food, both solid and liquid, that are there consumed—the character of the materials used in house-building—the climate—and, in fact, all that tends to make out-of-door life agreeable—are greatly superior in the case of Paris to what they are in London. Paris is situated upon the tertiary limestone formations; London is situated upon the impervious clays of the same formation; the one is dry, the other must be damp through a great part of the year; whilst the surface waters of the former are thus enabled to flow off from the ground or be absorbed in it, and the latter remain on it. The situation of Paris is higher above the level of the sea than that of London, and the strata that occur between the levels of the former city are all of them highly permeable, being mostly calcareous excepting where they are covered with the marls and clays of the gypseous formations, and where they are occasionally capped with the clays and gravels of the drift period. It would hardly be necessary

for me to point out the advantages which Paris enjoys in the character of the building materials that enter into the architectural effect of that city to so great an extent; but I must be allowed to remark upon the advantage they offer in the hygienic conditions of the inhabitants in affording them rapidly absorbing media for any dampness that may be in the air. The kind of food that the inhabitants of Paris can command is, moreover, better in many respects than that which can be met with in London, if it were only on account of the ease with which wine and fruits are obtained there; whilst the conditions of climate are as favourable to the production of animal food and the growth of cereal crops. Yet, with all these advantages, the mortality of Paris is greater than that of London for ten years from 1853 to 1862, inclusive, as Paris 2·78, and London 2·39 per cent. The London mortality, it is to be observed, presents a much more steady rate; and this is the more remarkable, that the rate of the increase of births over deaths has also been much greater in the latter city than it has been in the former. It may be said that more people die in Paris than in London proportionally to the population, from the tendency of the inhabitants of the *banlieue*, in the former case, to resort to the hospitals of Paris in all cases that are likely to terminate fatally; bnt the same law holds good with London, and the mortality of the latter city is still further increased by the deaths of the children who are there brought up, whilst it is notorious that the Paris children are sent away to die where their numbers do not affect the town mortality. It may, however, be necessary to make an allowance for this cause, and for the number of women who resort to the hospitals of Paris to be there confined; but the proportion of those who die away from their residence must always be small in comparison with the bulk of the population. In Paris, however, there were, in the year 1862, as many as 12,235 deaths recorded as having taken place in the civil and military hospitals, in the prisons, and bodies taken to the Morgue; when in London there were only in 116 public institutions as many as 11,313 deaths recorded. I have no means of comparing the numbers of women who resort to the means afforded them by public charity to avoid the expense, or the danger of exposure, that may attend childbirth in England, for our returns do not embrace that class of statistics; but in Paris there were as many as 6,522 births registered as having taken place in the hospitals, out of the total number of 52,312 registered as having taken place in the year 1862. It may be that the facilities that are thus offered for the indulgence of the passions have a tendency to promote immorality. In Paris, for instance, in the year above quoted, there were as many as 14,591 children born out of wedlock, or as many as 10·36ths of the total number of births. How far this may have influenced the rate of mortality it is not my province to inquire; but the fact that a greater number of children die still-born, when they are conceived in an illegitimate manner, is a known fact; and the proportion of these births in Paris cannot be left out of account. The official authorities reckoned that as many as 4,041 infants died, either before they were registered in Paris or were not brought into the world alive, in the year 1862. I cannot help attributing great part of the excess of mortality, that I have thus shown to exist in Paris over London, to the dense crowding that takes place in the houses that the population of the former city occupy; to the bad hygienic condition of these houses, as far as ventilation, the removal of refuse, and the water supply are concerned; and to the bad laying out of the town originally. In Paris, there were as many as 35·17 persons per house, according to the statistics collected in 1856; and everything that has been done in that city has had a tendency to increase the number, by driving the poor from their lodgings, and forcing them to crowd themselves into the places left for them. In London, the number of inhabitants per house is certainly less than 7·72, and the consequence is that they attain much nearer the nominal conditions that are observed to take place in France in country districts. It is hardly possible to define the density of the population of London, so widely do its limits extend; but I do not think that I should err much if I said that the population of London occupied four times as much space as that of Paris. On this point, however, the official statistics fail us, and I am left to the indications of analogy and comparison, and to M. Legoyt's observations, which certainly are unfavourable for the inhabitants of Paris, who are crowded into lodgings that hardly allow for their breathing uncontaminated air. The hygienic conditions of the houses of Paris seem to me to be very defective, in respect to the ventilation of the apartments that lie at the back of those fronting the streets, to which access is attained from a court-yard. It is notorious that the police regulations on this score are very deficient, and that while they carefully prescribe the width and height to be followed upon the elevation towards the thoroughfare, the proprietor is left almost without control as to the buildings that he may erect away from public gaze. It is by no means rare to find blocks of houses that are fourteen mètres high towards the street separated from a back building by a court-yard of only six mètres wide, and the air of the inhabitants of the latter is forced to be renewed in this well. But the worst of this state of things is, that the ventilation that is thus provided (and be it remarked that the courts that are built upon these conditions are those of the best houses in the new quarters of Paris) is very far indeed from being of a nature that is conducive to health, as the courts are always more or less tainted with the air of the places, or provisions, for removing the refuse of the population. The habits of the best class of France, in this respect, are surprising, and I cannot but attribute much of the excess of mortality that prevails in Paris to this cause. In almost all the court-yards that it has been my fortune to have visited in Paris, or elsewhere in French cities, there has been a "villanous smell" that must interfere with the healthy exercise of some of the most important functions of the body. This is particularly the case with the houses in the quarters of La Villette, the Temple, the Faubourg St. Antoine, the quarters Latin and Mouffetard; but the remark may be extended to all Paris. In the old parts of the city, too, the streets are narrow; they are badly planned; they want light and air; and though much has undoubtedly been effected in the way of improvement in these respects in the alterations that have of late been made, still much more remains to be done before Paris would be able to compare with London as to the ventilation or the salubrity of its houses. As to the drainage and water supply of Paris, it is, as I stated some time ago, still in a very rudimentary state. The sewers act simply to relieve the streets from the rain water, and from the liquid portion of the house refuse; and the water supply is so managed that in no case is it possible to command anything like what we would call "a high service." It is necessary to carry up by hand to the higher stories of the buildings all the water that is there consumed. It is calculated that there are about 700 kilomètres of roadway executed in Paris, but not more than one-half of this length has been sewered; and the system adopted there is carefully to exclude all that we in London so anxiously throw into the sewers, and to retain it to rot under the houses in cesspools, to be emptied from time to time. On the north side of the Seine a very well-devised system of intercepting sewers has been lately executed, and the various subordinate sewers are by this means carried to a bend of the river by Asnières; but this measure does not deal with the whole of the city—it leaves, for the present, quite out of account the sewerage of the island in the Seine, and it does not discharge any of the water that is brought down by the intercepting sewer on the south side of that river, which is poured into the Seine at Chaillot, a little above the "intakes" of the Chaillot Waterworks. Doubtless the system that is adopted in Paris, of allowing the water to flow in the gutters for two hours in the course of the day, is conducive to cleanliness and salubrity, by thus providing the means of washing the whole surface of the roadway at regular intervals; but this is a poor compensation for the absence of water in the private drains. But with all the causes of increased mortality of the city

of Paris over London, the fact still remains that a great and marked decrease in this respect has taken place since the year 1853, or shortly after the Emperor began to urge upon the city the necessity of making better provisions for the sewerage, water supply, street ventilation, and the reform of the house system, which have characterised the recent changes that have been effected in Paris. Of late years, indeed, the difference in the rates of mortality that have respectively prevailed in the two cities has been very slight; and though it might have been expected to have been in the opposite direction, still the diminution in that of Paris cannot but be a source of congratulation to the advisers of the Emperor, and an encouragement to the French authorities to persevere in the course that has already produced such satisfactory results. There is a singular subject connected with the rate of mortality in Paris that I think merits careful analysis of the returns. It is that the population that would seem to be benefited by the changes that are being made in that city are apparently subjected to new forms of disease that go far to compensate for the mortality arising from the old forms they were exposed to, which are now disappearing. Thus there have been observed in Paris of late to have occurred many more deaths from intermittent fevers than were wont to take place in that city, and the number of fatal cases of pulmonary complaints has been considerably increased; the former are attributed to the exhalations that arise from the ground that is disturbed in erecting the new streets; the latter to the increased draught and to the workmen breathing more dust than they were accustomed to. It would seem, then, that good and evil are very closely combined in this world; and the rate of mortality in large cities may be suspected to be subjected to certain laws that tend to re-establish the equilibrium that may for a time be disturbed. This reflection should not, however, induce us to delay the introduction of open avenues and broad streets; for, after all, the incidents I have referred to may be only temporary in their bad effects, whilst everybody knows that permanently the population must be benefited by everything that would tend to improve the sewerage, water supply, and ventilation of their residences. In all this reasoning upon the cause of the increased mortality proceeding from certain causes, it must be observed, however, that I have left entirely out of account that resulting from the overcrowding, which we have seen prevails still to a great extent in Paris. It is possible that much of the mortality that is to be observed in that city may be traced to that subtle cause, which I am convinced, for my own part, has much to do with the fact of the inferiority of the rate of mortality of London over Paris. This, however, is certain, that with all the advantages that Paris has unquestionably over her rival, the death-rate of the former is higher than that of the latter; and that so far as the hygienic conditions of the two capitals are concerned, that Londoners enjoy a great advantage over their apparently more favoured neighbours, which is expressed by the fact of the death-rate being about one and a half in a thousand higher in Paris than in London. Much as has been effected for the sanitary condition of Paris, still more remains to be done, before she can venture to compare with London as to the general conditions of the healthiness of the town.

SUB-SECTION D—PHYSIOLOGY.

ON THE SOURCES OF ENTOZOA.

Dr. T. S. Cobbold read a paper "On Meat as a Source of Entozoa." Referring first to beef and veal, he described the various species of tape-worm to be found in cattle, and spoke particularly of one, of which a single larva was capable of supplying 45,000 eggs, enough to poison the whole of Bath. He also referred to the difficulty of detecting these parasites, even by a skilled veterinary surgeon, but added that all danger of injury to mankind, from their presence, was averted by cooking the meat at a high temperature—say 212° Fahrenheit. Speaking of mutton, he said that most of the intestinal worms inhabiting sheep did not appear capable of living in the human body; still it was a wise precaution never to eat meat underdone. Pork was the most injurious, and there was now no question that the trichina inhabiting the pig was communicated by the pork eaten, or that a considerable proportion of the deaths assigned to epilepsy were due to the tape-worm embryo set free by the poor pork-consuming population. If the poor would only abandon their semi-civilised habits of eating raw or half-cooked meat, the evil would soon cease altogether. A great variety of entozoa were to be found in game, but they were, for the most part, of innocuous species. In fish they were more abundant than in either birds or mammals, but there was reason to believe that fish might be eaten either cooked or raw without danger to the consumer.

Dr. T. S. Cobbold also submitted papers upon vegetables and fruits, and upon water, as sources of entozoa. On the previous day he had spoken of the tænia in its mature state, and he now proposed to speak of its introduction into the body in a larval condition. There was no doubt that entozoa were introduced with vegetable food. Small molluscs harboured larval parasites in prodigious quantities, and they were the source of one or more of the parasites that occasionally invaded the human form. These entozoa might be taken in drinking water, but they were much more likely to be taken from water-cress, or other vegetables of the kind. It was necessary with all vegetables that the greatest cleanliness should be observed in preparing them for the table, and care should be taken to avoid swallowing these small molluscs, which were very likely to escape observation. A large species of the tape-worm, discovered in Egypt, would, he was afraid, be brought to this country at some time from our colonies, and if ever it got place amongst us it would be difficult of extermination. Eggs and living specimens had been found in this country, both in men and monkeys, but only to a very small extent. He was the first to discover it in the monkey. As to the little thread-worm, he had never been able to rear it on apples and pears, and there was no evidence to show that any species of entozoa was derivable from fruit. It was not likely that fruit was ever an intermediate habitation for any of the parasites which ordinarily occupied the human body. A great many evils in children were charged to eating unripe fruit, but, as far as entozoa were concerned, that fear was entirely groundless; and if they should be so introduced, the chances were that the larvæ would be taken from the surface of the fruit. With regard to celery, cabbages, and all the ordinary market-garden vegetables, he might say that all decomposing animal and vegetable matter maintained entozoa, and the more filthy the water or liquid manure employed to secure the fertility of the garden, the more likely was a supply of entozoa to be taken with the vegetables grown upon the land. The most careful washing was, therefore, required, and it had been suggested that vegetables should also be soaked in salt. Turning, then, to water as a source of entozoa, the first species he would draw attention to was the ancient guinea-worm, which was supposed to be the fiery serpent of Moses. Parasitic larvæ might be found in water that was to all appearance perfectly pure; but speaking generally, it might be inferred that fresh spring water was perfectly innocuous The same thing could not be said of water stored in large tanks in hot climates. The people of these islands suffered from entozoa, which must have been introduced by drink in some form or other. Amongst this class the smallest was one-tenth of an inch long; it carried 30,000 eggs, and went through marvellous transformations. The presence or absence of the larvæ of human entozoa in water was dependent upon the place from which the supply came, and upon the condition of the water. The pork measle might be readily communicated to human beings in this way; and there was another species taken from water, the habit of which was to ensconce itself in the brain, causing death, which the Registrar-General invariably set down as due to cerebral disease. The way in which it reached the brain was from the coats of the stomach, through the circulating medium. There was one kind inhabiting dogs which was often communicated to the human being. One-sixth of all persons who died in Iceland perished from a little creature so small that, in its larval state, it could scarcely be seen. I

neither dog nor wolf existed we should get rid of these species altogether. No one need drink water impregnated with these entozoa. Water to which dogs had no access could not contain them; neither were they likely to be found in spring or well water. Open waters, into which the carcases of dogs were occasionally thrown, would probably contain them, and the eggs might be carried to food washed in such water. The danger would be got rid of if the water was always carefully boiled, filtered, or distilled; but a filter to be effectual ought not to pass anything larger than one one-thousandth of an inch. Sand and charcoal filters were of very little use. Paper filters should be employed. All entozoa not preserved for scientific experiments should be destroyed by fire, and under no circumstances should they be thrown aside as harmless refuse; and he would press upon butchers, knackers, and others, not to throw doubtful offal to dogs frequenting their neighbourhoods. Then as to beer, porter, &c. All he need say with regard to these fermented drinks was, that he believed them perfectly harmless. Even though impure waters should have been employed, the boiling of the wort would be alone sufficient to destroy any number of parasites. Unfortunately, unfermented drinks, such as ginger beer, cider, and the like, they cannot be perfectly certain about. All must depend upon the source and the supply of water. They might, however, conclude that the manufacturer got his supply from the purest source open to him, and that, therefore, the public need be under little or no apprehension. In regard to wines, the same remarks were applicable. Alcohol added to water was sufficient to destroy the parasitical eggs, but he questioned whether the amount of spirit in our home-made wines was sufficient for the purpose.

THE HOUR OF DEATH.

Mr. Alfred Haviland, Surgeon to the Bridgewater Infirmary, read a paper "On the Hour of Death in Acute and Chronic Disease." The author commenced by stating that the subject of the hour of death had occupied the attention of medical writers from the time of Aetius, who flourished at the Court of Constantinople in the fifth century, up to the present date, but that no practical fruit had been the result for the physician in his treatment of disease; he concluded that the time had now arrived for a thorough investigation of the facts in our possession, inasmuch as if there be any latent truth in them of importance to mankind, it is our simple duty to evoke that truth, and avail ourselves of its teaching to the practice of medicine. He remarked that the physician's duties do not cease when he has ascertained the disease of his patient, and prescribed medicine to remove it; by medicine alone the patient is not healed; he has to act upon the advice of Hippocrates, and see that those in attendance do their duty also, and in his absence watch every phase, and act in the living present. But, to do so correctly, the physician must know each cause of change, and by his knowledge anticipate what may occur; lay down simple rules for the guidance of friends and nurses, and teach them how to watch each circumstance of disease; he must know the changefulness of our bodies in health; he must take due account of this changefulness when illness supervenes; he must know when all our vital functions are at their height; he must know when they are at their lowest ebb;—for this knowledge is a most necessary element of success in his combat with the enemy he is employed to encounter. Of late years the art of nursing has more than ever occupied the thoughts of physicians and the laity at large. We have had noble efforts made in the camp and at home to soothe the anguish of the wounded and diseased. The author had collected over 5,000 cases of death, with the *hour of death*, and other circumstances recorded, which he had tabulated and exhibited on a large chart, the different results being distinguished by coloured diagrams. By this chart he showed that, in 1,000 cases of death in children under five years of age, the periods of the greatest mortality took place during the hours between one and eight a.m., and that an extraordinary depression took place in the succeeding hours. Between nine and twelve p.m. the rate of mortality was at its minimum. He then compared these statistics with 2,891 deaths from all causes, and the chart showed how remarkably the wave lines of death compared with those above. He then compared these diagrams with deaths from consumption, which, although they showed a general resemblance in the wave line, yet between the hours of four to eight a.m., there was a depression, when compared with the first four hours period. He showed that small numbers are not sufficient for a statistical truth, and he therefore urged upon his provincial brethren to assist him in his investigation by forwarding to him data for further investigation of this interesting subject. He contended that the tables on the chart proved the extraordinary mortality in the early hours of the morning, when the powers of life were at their lowest ebb, and, strange to say, when the patient was least cared for. He urged the necessity of feeding and stimulating the patient at his weakest hour, so as to tide him over a critical period, and, even if death be inevitable, so to support the patient that he might at least have a few hours more of life snatched from eternity to admit of his being able to carry out some neglected duty, pardon some enemy, or see some beloved friend. He finally urged upon his professional brethren the high importance of teaching friends and nurses how to attend to those under their charge. He concluded by saying that the subject itself required no apology for its introduction to the Association, however much the mode of his treating it might do so. He felt convinced that it was one which had occupied the attention of many of his hearers, when they had been watching hour by hour the fitful changes of disease in the persons of those dear to them, or of those to whom as nurses they had desired conscientiously to do their duty. To simplify this duty and to calm this solicitude at a time when either an excess of the one or an ignorant neglect of the other might be fatal, was one of the main objects of this investigation; and he felt convinced, however imperfectly he might have expressed his opinions on the subject, that it is one of deep interest not only to his Profession, but to the community at large, and that the British Association would not deem it unworthy of their consideration.

ON THE PHYSIOLOGICAL EFFECTS OF TOBACCO.

Dr. Richardson began by saying that, without being a devotee to tobacco, he had for many years often smoked. He did not come before the section biassed in any degree, as his remarks would prove; he came simply as a man of science, who had tried to comprehend the facts of the whole question, and he should put these facts forward clearly, fairly, and free from technicalities. He then proposed to refer to the following subjects:—1. The composition of the products of combustion of tobacco, chemically and physically. 2. The physiological action of the various compounds thus derived. 3. The effects of ordinary and excessive smoking on the organs of the body.

Products of the Combustion of Tobacco.—Some recent researches on this subject had led the author to the fact that these products are much more complex than had been supposed. He described an apparatus which was, in fact, an automaton smoker, by which he had been enabled to have pipes of various kinds of tobacco and cigars smoked by means of a bellows, the smoke, which in the case of a man, would enter the mouth, being all caught and subjected to analysis. These results of these inquiries had led him to the determination of the following bodies as products of the combustion of tobacco:—1. Water. 2. Free carbon. 3. Ammonia. 4. Carbonic acid. 5. An alkaloidal principle called nicotine. 6. An empyreumatic substance. 7. A resinous bitter extract.

Physical Properties of the Component Parts.—The water is in the form of vapour; the carbon is in the form of minute particles, suspended through the watery vapour, and giving to the eddies of smoke their blue colour; the ammonia is in the form of gas combined with carbonic acid; the carbonic acid gas is partly free and partly in combination with ammonia. The nicotine is a non-volatile body, an alkaloid which remains in the pipe; the empyreumatic substance is a volatile body, having the nature of an ammonia, but

the exact composition of which is as yet unknown ; it is this that gives to the smoke its peculiar odour ; it adheres very powerfully to woollen materials, and in the concentrated form is so obnoxious as almost to be intolerable. The bitter extract is a resinous substance, of dark colour, and of intensely bitter taste. It is, probably, a compound body, having an alkaloid as its base. It is not volatile, and only leaves the pipes by being carried along the stem in the fluid form.

Variations in Different Kinds of Tobacco.—The greatest variations exist in various kinds of tobacco. Simple tobacco that has not undergone fermentation yields very little free carbon, much ammonia, much carbonic acid, little water, none, or the smallest possible trace of nicotine, a very small quantity of empyreumatic vapour, and an equally small quantity of bitter extract. Latakia tobacco yields these same products only. Bristol bird's-eye yields large quantities of ammonia, and very little nicotine. Turkish yields much ammonia. Shag tobacco yields all the products in abundance, and the same may be said of pure Havanna cigars. Cavendish varies considerably ; some specimens which are quickly dried are nearly as simple as Latakia ; other specimens which are moist yield all the products in great abundance. Pigtail yields every product most abundantly. The little Swiss cigars yield enormous quantities of ammonia, and Manillas yield very little.

Physiological Effects of the Compounds named above.—The water vapour is innocuous ; the carbon settles on the mucous membrane, and irritates the throat. The carbonic acid is a narcotic, if it be received into the lungs ; the ammonia causes dryness and biting of the mucous membrane of the throat, and increases the flow of saliva. Absorbed into the blood it renders that fluid too thin, causing irregularity of the blood corpuscles ; it also causes, when absorbed in large quantities, suppression of the biliary secretion and yellowness of skin ; it quickens and then reduces the action of the heart, and, in young smokers, it produces nausea. The empyreumatic substance seems to be almost negative in its effects, but it gives to the tobacco smoke its peculiar taste, and it is this substance that makes the breath of confirmed smokers so unpleasant. Nicotine is scarcely ever imbibed by the cleanly smoker ; it affects those only who smoke cigars, by holding the cigar in the mouth, and those who smoke dirty pipes saturated with oily matter. Its effects when absorbed are very injurious ; it causes palpitation, tremor, and irregular action of the heart, tremor and unsteadiness of the muscles generally, and great prostration. It does not, however, produce nausea or vomiting. The bitter extract is the cause of vomiting and nausea when it is absorbed ; both it and the nicotine are always received into the mouth in solution, and produce their effects either by direct absorption from the mouth, or by being imperceptibly swallowed and taken into the stomach.

Mode of Smoking.—The greatest difference arises from the manner of smoking. Those who use clean, long pipes of clay feel only the effects of the gaseous bodies and the free carbon. Wooden pipes and pipes with glass stems are injurious. Cigars smoked to the end are most injurious of all. To be safe, a cigar ought to be cast aside as soon as it is half smoked ; and every cigar ought to be smoked from a porous tube. Cigars, indeed, are more injurious than any form of pipe ; and the best pipe is unquestionably what is commonly called a "churchwarden," or "long clay." After the clay pipe, the meerschaum is most wholesome. A pipe with a meerschaum bowl, an amber mouthpiece, and a clay stem, easily removable or changeable for a halfpenny, would be the beau-ideal of a healthy pipe. All attempts to construct pipes so as to condense the oil have failed. To be effective they must be very large and inconvenient. It is of no slight importance if a man must smoke, for him to be careful of the manner in which it is done. A man may, by practice, become habituated to a short foul pipe, but he never fails to suffer from his success in the end, nor, unless the habit of actual stupefaction is acquired, is any pleasurable advantage derived. What may be called the soothing influence of tobacco is as well brought about by a clean porous pipe, or well-made cigarette, as by any more violent and dangerous system, while the harm that is inflicted is of an evanescent character.

Dr. Richardson concluded by giving the following summary :—1. The effects that result from smoking are due to different agents imbibed by the smoker—viz., carbonic acid, ammonia, nicotine, a volatile empyreumatic substance, and a bitter extract. The more common effects are traceable to the carbonic acid and ammonia ; the rarer and more severe to the nicotine, the empyreumatic substance, and the extract. 2. The effects produced are very transitory, the poisons finding a ready exit from the body. 3. All the evils of smoking are functional in character, and no confirmed smoker can ever be said, so long as he indulges in the habit, to be well : it does not follow, however, that he is becoming the subject of organic and fatal disease because he smokes. 4. Smoking produces disturbances : (*a*) in the blood, causing undue fluidity, and change in the red corpuscles : (*b*) on the stomach, giving rise to debility, nausea, and, in extreme cases, sickness : (*c*) on the heart, producing debility of that organ, and irregular action : (*d*) on the organs of sense, causing in the extreme degree dilatation of the pupils of the eye, confusion of vision, bright lines, luminous or cobweb specks, and long retention of images on the retina ; with other and analogous symptoms affecting the ear—viz., inability clearly to define sounds, and the annoyance of a sharp ringing sound like a whistle or a bell : (*e*) on the brain, suspending the waste of that organ and oppressing it if it be duly nourished, but soothing it if it be exhausted : (*f*) on the nervous filaments and sympathetic or organic nerves, leading to deficient power in them, and to over-secretion in those surfaces—glands—over which the nerves exert a controlling force : (*g*) on the *mucous membrane* of the mouth, causing enlargement and soreness of the tonsils—smokers' sore-throat—redness, dryness, and occasional peeling off of the membrane, and either unnatural firmness or contraction, and sponginess of the gums : (*h*) on the *bronchial surface of the lungs* when that is already irritable, sustaining the irritation, and increasing the cough. 5. The statements to the effect that tobacco smoke causes specific diseases, such as insanity, epilepsy, St. Vitus dance, apoplexy, organic diseases of the heart, cancer and consumption, and chronic bronchitis, have been made without any sufficient evidence or reference to facts ; all such statements are devoid of truth, and can never accomplish the object which those who offer them have in view. 6. As the human body is maintained alive and in full vigour by its capacity, within certain well-defined limits to absorb and apply oxygen ; as the process of oxidation is most active and most required in those periods of life when the structures of the body are attaining their full development ; and, as tobacco smoke possesses the power of arresting such oxidation, the habit of smoking is most deleterious to the young, causing in them impairment of growth, premature manhood, and physical degradation. If the views thus epitomised, in relation to the influence of tobacco smoking on individuals are true, we are led, without any difficulty, to the consideration of the influence exerted by the habit on communities and on nations. That which smoking effects, either as a pleasure or a penalty, on a man, it inflicts on any national representation of the same man, and taking it all in all, stripping from the argument the puerilities and exaggerations of those who claim to be the professed antagonists of of the practice, it is fair to say that, in the main, smoking is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life, but its use conveys to the mind of the man who looks upon it calmly the unmistakable idea of physical degradation. I do not hesitate to say, continued Dr. Richardson, that if a community of youths of both sexes, whose progenitors were finely formed and powerful, were to be trained to the early practice of smoking, and if marriage were to be confined to the smokers, an apparently new and a physically inferior race of men and women would be bred up. Of course such an experiment is impossible as we live : for many of our fathers do not smoke, and scarcely any of our mothers, and thus to the credit of our women chiefly, be it

said, the integrity of the race is fairly preserved. With increasing knowledge we may hope that the same integrity will be further sustained; but still, the fact of what tobacco can do in its extreme action is not to be forgotten, for many evils are maintained because their full and worst effects are hidden from the sight. Again, on the ground of the functional disturbances to which smoking gives rise in those who indulge in it, an argument may be used which goes very deeply, and cuts none the less sharply, because in one sense it is ridiculous. Put down the smokers of Great Britain at a million in number—they are more than that, but let it pass;—why should there exist perpetually a million of men, not one of whom can at any moment be written down as in perfect health from day to day? Why should a million of men be living with stomachs that only partially digest, hearts that labour unnaturally, and blood that is not fully oxidized? In a purely philosophical point of view, the question admits of but one answer—viz., that the existence of such a million of imperfectly working living organisms is a national absurdity, a picture which, to a superior intelligence, observing the whole and grasping it, would suggest a mania, which is foolish, ridiculous, and incomprehensible. I cannot say more against tobacco, however, without being led into a wider question—I mean the use of luxuries altogether; on which question, if I were equally fair for tobacco as against it, I should be forced to give it a place as one of the least hurtful of luxuries. It is on this ground, in fact, that tobacco holds so firm a position:—that of nearly every luxury it is the least injurious. It is innocuous as compared with alcohol, it does infinitely less harm than opium; it is in no sense worse than tea; and by the side of high living, altogether contrasts most favourably. A thorough smoker may or may not be a hard drinker, but there is one thing that he never is, a glutton; indeed, there is no cure for gluttony and all its train of certain and fatal evils like tobacco. In England this cure has been effected wholesale. The friends of tobacco will add to these remarks, that their "friendly weed" is sometimes not only the least hurtful of luxuries, but the most reasonable. They will tell of the quiet which it brings to the over-worn body and to the irritable and restless mind: their error is transparent and universal; but universal error is practical truth, for, in their acceptation, tobacco is a remedy for evils that lie deeper than its own, and as a remedy it will hold its place until those are removed. The poor savage from whom we derived tabac found in the weed some solace to his yearning vacuous mind, and killed wearisome lingering time. The type of the savage extant in modern civilised life, still vacuous and indolent, finds tabac the time-killer; while the overworked man discovers in the same agent a quietus which his exhaustion, having once tasted, rarely forgets, but asks for again and again. Thus on two sides of human nature we see the source of the demand for tobacco; and until we can equalise labour and remove the call for an artificial necessity of an artificial life, tobacco will hold its place with this credit to itself, that bad as it is, it prevents the introduction of agents that would be infinitely worse.

BLOOD CORPUSCLES.

Dr. Crisp read a paper "On the Size of the Blood Corpuscle, in relation to the Size of the Animal, its Organization, and Powers of Endurance." The object of this paper was to show that the opinion generally entertained, that the largest animals in the same family had the largest blood globules, was erroneous in many instances. Examples were given among the quadrumana (apes and monkeys) of exceptions to this supposed law: thus the little marmoset and silky tamarm had corpuseles as large as those of the larger monkeys. Among the Cheiroptera (bats) similar examples were given. In the *carnivora*, the common cat had a corpuscle as large as that of the lion or tiger. In the rodents, the little harvest mouse had as large a blood disc as the common rat or gigantic rat. In the other orders the great kangaroo, tree kangaroo, giraffe, tapirs, hogs, ass, horse, and many others were advanced as disproving the correctness of this assumed law; and it was a curious fact that all the mammals with large blood corpuscles might be called aberrant, such as the elephant, capybara, and great ant-eater. Among birds, the ducks, swans, geese, and many others afforded exceptions, and the reptiles were still more prolific in examples; thus, the little slow-worm, as Dr. Crisp had shown in 1854, had corpuscles as large as those of the huge python, weighing 100 lbs. In fishes, the blood discs of the little gudgeon were as large as those of the big bream. The mackerel's blood corpuscle was as large as that of the huge tunny, and that of the small trout equalled in size the blood corpuscles of the salmon. In answering the question whether the size of the corpuscles was smaller in animals of higher organisation and greater powers of endurance, the orang, chimpanzee, and many of the smaller monkeys, race-horse, cart-horse, greyhound, pug dog, hare, rabbit, goat, otter, fox, sheep, hog, rapacious birds, slow-worm, python, sharks, and others, were adduced to show that this opinion was incorrect. As regards the size of the blood corpuscle, it was not to be wondered at that a large animal had a large blood corpuscle, but it was surprising that a little harvest mouse should have a blood disc as large as that of the giraffe, and that the blood disc of the tiny marmoset monkey, weighing 9 oz., should equal in diameter that of the large baboon, exceeding the weight of 60 lbs.! The blood corpuscles of 180 animals (drawn to scale) were exhibited.

ON THE PHYSIOLOGICAL ACTION OF THE NITRITE OF AMYL.

Dr. Richardson read a report "On the Physiological Action of Nitrite of Amyl." The report sprung out of a paper read by him at the last meeting of the Association at Newcastle. He first showed the nitrite of amyl, and described it as an amber-coloured fluid, smelling and tasting like essence of pears. He entered fully into its other physical properties, dwelling specially on the facts that it arrested oxidation, and prevented the process of decomposition in animal and vegetable substances. The author classified his numerous experiments in twelve series. In the first series he dwelt on the antiseptic influence of the vapour of the nitrite of amyl on flowers; in the second series he described the same influence in regard to dead animal matters; in the third series the same influence in respect to blood and other animal fluids. These, one and all, were preserved by the nitrite, but were changed in colour. The vapour as a preservative acts by catalysis; that is to say, it is not itself changed. The fourth series of experiments related to the effects of the nitrite on living animals, when administered to them through the skin; the fifth series related to administration by the mouth; the sixth to administration by the lungs (inhalation); and the seventh to administration by inoculation. This series of experiments was very elaborate, and disclosed facts of a most interesting and novel character. The eighth series was devoted to minute investigations as to the effect of the substance on the capillary system by observations on the web of a frog's foot; and the ninth series embraced researches on the influence exerted on the blood. The following is the author's summary of the effects of nitrite of amyl:—1. It is absorbed by the body, however it may be introduced into the body, whether by the skin, the stomach, the lungs, or by inoculation. 2. After its absorption, its effects are immediately seen on the heart and circulation. There is, in the first place, violent action of the heart, with dilatation of the capillaries, followed by diminished, but not extinguished, power of the heart and contraction of the extreme vessels. As an excitant of vascular action the nitrite of amyl may be considered the most powerful agent yet discovered by the physiologist. 3. In animals whose bodies admit of its removal spontaneously, and whose circulatory and respiratory systems are simple, such as frogs, the nitrite suspends animation; and when the animals are placed under favourable circumstances for the process of recovery, they may recover. There is no other known substance that suspends animation in frogs for so long a period of time. In warm-blooded animals, which are clothed in a skin less permeable, and in whose bodies the circulatory and respiratory systems are more complicated, the nitrite cannot actually stop the movements of respiration and circulation without destroying life. But even in these animals it can reduce the

forms of respiration and circulation so extremely that a condition precisely analogous to what is known as trance or catalepsy in the human subject can be induced by it, and sustained for many hours. 4. The nitrite of amyl is not an anæsthetic; by it consciousness is never destroyed, unless that approach towards inertia vulgarly called death is produced. 5. The effect of the nitrite on the organism is directed to the motive force which it first wildly excites and then subdues. 5. The *modus operandi* of the nitrite appears to be by arresting the process of oxidation in the tissues. 7. Physically, the nitrite holds a place between the volatile bodies, such as chloroform or ether, and the solid bodies, such as opium and woorali, hence its effects are less evanescent than those arising from the volatile substances, and less destructive than those produced by the solid substances. In this lies the secret of the peculiar action of the nitrite. The points dwelt upon by the author up to this time, which excited most attention, were those having reference to the peculiar power of the nitrite of amyl in suspending the vital processes. In the succeeding parts he described the pathological or diseased conditions produced by it; its effects as compared with other compounds of amyl, and numerous other substances; and the reason why it should so powerfully influence the circulation. He then put the question, whether with the facts now known we ought dogmatically to deny the possibility of placing the body in such a condition that it may for some hours, or even days, assume the appearance of death? In catalepsy, or trance, we see such an appearance of death in a disease; and we have heard of the famous experiment of the Fakirs of India, in which they seem to hold life for a time in abeyance. Dr. Richardson thought that in catalepsy there was found in the body a substance which acted like the nitrite of amyl, arresting the action of the heart and respiratory system so greatly that death seemed to be present. He thought, also, it was possible that the Fakirs possessed a substance derived from the vegetable world that had the property of producing the same effects in a marked degree, and that, "in this borrowed likeness of shrunk death," the facts of the phenomena were presented and explained. In conclusion, the author discussed the question of the value of the nitrite of amyl as a remedy in the treatment of disease. He had not had time, practically, to try this point, but he suggested that the substance would probably be found of service in cases of sudden failure of the heart. He also believed it would prove serviceable in the treatment of tetanus; that in that terrible disorder it would, by its paralysing action on the voluntary muscles, check the tetanic spasms, and, by enabling the patient to live through the acute attack, would give time for the system to become relieved of the primary malady. As there was no known remedy for tetanus, Dr. Richardson strongly urged the trial of the nitrite of amyl, and entered minutely into the matters of dose and mode of administration. He finished by stating that the whole of the amyl series required to be investigated physiologically, and that the inquiry promised to be attended with the most important results.

THE PHYSIOLOGICAL ASPECTS OF THE SEWAGE QUESTION.

Dr. J. Hughes Bennett, F.R.S.E., commenced by stating that the estimated loss annually sustained by non-utilising sewage was 10,000,000*l.*; but when we took into consideration the enormous works carried out especially to waste the sewage, and the value of the crops and vegetables lost through not giving that nutriment to the land, it was not too much, perhaps, to say that double that sum was actually thrown away by this country every year. It was now, however, admitted that it was right to employ sewage in agriculture if possible. The difficulties arose from three sources:—First, from the large admixture of sewage with water; secondly, from certain ideas as to public health; and thirdly, from the objection to any such plan as a nuisance. All the projects which have been formed for the utilisation of sewage were more or less interfered with at present, in consequence of the notion that there was something unhealthy in the smell arising from putrescence. He quite agreed with the evidence which Professor Rawlinson gave before the House of Commons, that public health should be the first consideration; but he could not agree with him in thinking that the risk of disease from exposure to the effluvium of sewage was so great, that it was better, at any cost, to remove it from towns, and throw it into the sea, than to employ it upon the land. A bill for Edinburgh had recently passed through Parliament, based upon the principle that the existing drainage was of the greatest injury to the health of the city. For more than 200 years the drainage of one side of the city had been thrown over certain lands which had been irrigated, and there was no evidence to show that this irrigation had been injurious to health. On the other side was a stream which had for some time received the drainage of half of the city; it also received the drainage of a vast number of factories on the river's bank, more especially from a very large distillery, and it was supposed that this was more or less injurious to health. It had been, therefore, proposed, and a bill was framed to carry all the drainage through a gigantic tube into the sea, where it was to be wasted. The cost of this work was caculated at 80,000*l.*, but the probable cost would be 150,000*l.*, and the people of Edinburgh were to pay half a crown in the pound upon their rentals to carry out the scheme. The preamble was that it was necessary to do all this in order to preserve the health of the inhabitants. To such an extent was this prejudice carried, that he had heard it stated that smells were sent by Providence as a warning of danger. A physician of London had written a book to prove that typhoid fever was due to bad smells, and great works had been in various parts established to avert the danger of fever, cholera, and other diseases from that source. He proposed to draw the attention of the Section to certain propositions which would show the fallacy of these popular opinions, and in this way remove some of the difficulties surrounding the question of how to utilise the sewage of towns. The first proposition was, that atmospheric air, strongly impregnated with odours of various kinds, was not necessarily injurious to health. He had recently come from a part of the shores of the Mediterranean where large tracts of land were employed in that country for odorous flowers. The inhabitants were, for the most part, unconscious of the odours with which the air was impregnated, but strangers were conscious of them directly. This atmosphere, however, was not productive of epidemics, and they never would have any gigantic proposition for getting rid of these perfumed plains. Then there was in one part of Paris an establishment for the distribution of manure; the smell was no doubt very great, but the advantage derived from it was so important that the establishment still existed. No great injury had been shown to result from it. The Thames, in 1858, was in a terrible condition. It had been distinctly proved, on the best evidence—the evidence of those who have the best interest in finding out that this state of things was a source of disease—that the condition of the Thames at the time had never been productive of the slightest bad effect. When he made the statement in the Chemical Section the other day, he was flatly contradicted, but he had the evidence of Professor Rawlinson and others to show that no disease in London was engendered from that source. He had just come from Naples, and he had paid particular attention to the condition of that city. It was a very volcanic region, and bubbles of sulphuretted hydrogen were continually springing up in the sea all round the coast, while the drainage was so managed that it all came down to the bay which was overlooked by the best houses. The drains formed through the city were large slits, which threw the smell up to the atmosphere, and the odour was so great that he never smelt anything like it elsewhere. The people were so satisfied that this smell was injurious that rents at the top of the house were twice as much as the rents below. He made inquiries, and found that Naples was not more subject to typhoid or other fevers than any other city, and he was convinced there was no excess there. He had visited all the large hospitals in Naples, and amongst them the military hospital, which contained at the time 800 patients. The terribly dirty con-

(Continued at page 211.)

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 28, 1864.

THE PHYSIOLOGICAL SECTION OF THE BRITISH ASSOCIATION.

The establishment of a sub-section of Physiology in the British Association for the Advancement of Science has been attended with such successful results at the late meeting at Bath, that Physiology may fairly be expected hereafter to be elevated to the dignity of a section, and to take its place beside the other departments of practical science. It is quite true that, in order to comprehend the laws of Physiology and the foundations on which physiological reasonings are based, a certain amount of anatomical and chemical knowledge is absolutely essential, and discussions on this science can scarcely be profitably conducted unless by medical men or those who have received some medical education ; but, on the other hand, it is most desirable that physiological laws should be understood by the great mass of the population, in order to effect many important improvements in the condition of the community : and the organisation presented by the British Association is well calculated to promote this very important object. Although the speakers and writers in the Physiological Section may be comparatively few, and some of the questions put forward may appear abstruse to many of the audience, yet the mere fact of several important topics bearing upon public health being presented to an educated and influential assembly must have great weight in advancing the knowledge of hygiene among the people at large, and in guiding persons in authority towards forming correct ideas upon the maintenance of public health, so far as it depends upon legislative or municipal control.

At the meeting just concluded at Bath, much, no doubt, was heard at the Physiological Section which many persons had heard before, and much was heard of a novel character, but which might just as well have been omitted without any detriment to the interests of science ; but still, many subjects, well worthy of the careful attention both of individuals and of communities, were fully and ably discussed, and the result will probably be seen in the dissemination of more correct views than at present exist on many political, social, and personal questions.

Omitting at present any reference to subjects of special interest, though of limited scope, we conceive that the propositions advanced in connection with the food of the people and the utilisation of sewage were, perhaps, the most prominent and the most important which could be presented to an assembly which, though comprehending many persons of profound attainments, embraced many others who came to be instructed or amused, but who, nevertheless, would be able to exercise a certain amount of authority and influence when returning from the Bath meeting and resuming their position in their several localities throughout the British Empire. The questions of the food of the people and the utilisation of sewage, however dissimilar they may at first sight appear to be, are intimately connected together, and we make no excuse for considering them in combination with one another.

No one can doubt that, with respect to nutrition, very much depends upon habit, constitution, and employment, as to the relative sustenance to be drawn from different kinds and quantities of food. Place two men or two women on precisely the same diet, and under precisely the same circumstances, and one shall perchance become abnormally fat and onother abnormally lean, as we repeatedly see in the different members of the same family, or in cases drawn from society at large. But besides such instances of idiosyncrasy, the surrounding circumstances of any individual will powerfully influence his nutrition ; and the amount of food which may be sufficient for one person engaged in out-door pursuits may be quite inadequate to support life in another who lives in a close atmosphere. Those, too, who exercise their brains to a greater or less extent, but who may be indolent in body, will nevertheless require, and consume as much, or more food than those who perform much corporeal labour, but exert the mental powers only in a limited degree.

On such and other matters physiologists are pretty well agreed ; and we may add that, in the well-to-do classes of society, the nature and quality of food may very well be left to the circumstances and the tastes of the individuals who consume it. But at the present moment, when, as happens in all large and flourishing communities, the extremes of wealth and poverty meet together in Great Britain, and when, unhappily, deaths from actual starvation are not very rare, and the consequences of deficient or improper food are felt in the wide-spread prevalence of disease, it is imperatively necessary that correct views as to the physiology of nutrition should be diffused among the community, in order that the peasant or the artisan may economise, as far as possible, his scanty store for the maintenance of himself and his family ; that the unfortunate panper may receive sufficient relief to sustain his existence ; and that the convict may have enough, but not too much, of the necessaries of life. It is strange enough that, although the principles of physiology are pretty well established, the most conflicting and inconsistent practices are followed in our poor-houses and prisons with respect to the dietary of the inmates ; and a popular ventilation of physiological science may, and probably will, tend to produce something like uniformity in this particular. The revelations lately made as to the condition of the labouring classes in this country present a sad picture to the philanthropist, partly in consequence of the scanty wages from which many of our fellow-creatures are compelled to eke out the means of existence, and partly from the ignorance of the lower orders of people as to the most economical modes of expending upon provisions their miserable pittance. It is advisable to tell them, for instance, that a certain sum spent upon tea represents less nutritious matter than an equal sum spent on milk ; but then the question

arises, whether milk can be obtained at all: and the same question arises in connection with the nourishment of infants and young children, to whom milk is an indispensable necessary, without which many of these helpless creatures languish, become diseased, and die.

In close relation to the supply of food, and its equitable distribution among the people, comes the question of the fertilisation of the soil, as an essential preliminary to the adequate production of the fruits of the earth; and this fertility can be attained only by the reclamation of those lands which now lie waste and by the restoration to cultivated ground of those elements of which the soil has been deprived by the growth of food-producing plants. We are now, as a nation, about to throw away into the sea around our coasts a vast mass of organic matter which ought properly to be distributed over the soil; and this operation is to be conducted at enormous expense, although the project is nearly as absurd, in a chemical point of view, as if we carried out stacks of corn and hecatombs of oxen to be buried in the Atlantic Ocean. The corn and the oxen contain the same elements as the manure which we are throwing away, and the wanton waste of either the one or the other is a manifest physiological absurdity.

One most interesting and important feature of the Physiological Section at the Bath Meeting consisted in the expression of some very sound views upon this subject; and emanating as they do from such a distinguished body as the British Association, they will probably obtain more currency and command more respect than they could have done if they had been advanced only in the lectures or opinions of isolated chemists and physiologists. An important omission in the discussion—made, perhaps, in deference to the ladies who attended the Physiological Section—was the reference to the fluid excretions of man and the lower animals, these waste materials being rich in nitrogen and the phosphates, and therefore eminently calculated to supply and enrich the soil, and to promote the growth of plants. Any plan, therefore, which contemplates the rejection of the fluid excreta and the mere dilution of the solid ones will almost necessarily be a failure; but when the ladies are not present this part of the subject will no doubt receive the attention it deserves.

We think that great credit is due to Dr. Hughes Bennett, of Edinburgh, for disabusing the public mind of the bugbear by which it is haunted in the shape of smells, and of the erroneous idea that a disagreeable odour is necessarily the indication of the presence or the approach of disease. It is this absurd notion which has hitherto obstructed every plan yet proposed for the utilisation of sewage; and the Edinburgh Professor has merely stated the truth of the matter in asserting that disease is not essentially due to bad smells, but to subtle miasmata, which, although occasionally associated with odoriferous effluvia, are more frequently quite inappreciable by the olfactory or any other sense. When once the public has become persuaded that bad smells, although disagreeable in themselves, are not necessarily the sources of disease, the utilisation of sewage will become a practical question; and the operations necessary for insuring its distribution over the land can be pursued in many waste places where the mere smells would be offensive to few persons, and by artificers who would undertake this work as they would any other branch of industry, without any fear of endangering their lives, or even of impairing their health.

THE COMPARATIVE MORTALITY OF LONDON AND PARIS.

We beg to draw special attention to a paper read by Mr. Tite, M.P. for Bath, at the late meeting of the British Association, "On the Comparative Mortality of London and Paris," an abstract of which we give at page 203 of our present number. As Mr. Tite is not a medical man, his important paper might, perhaps, be overlooked; but it is so full of interest to medical readers, that we make no apology for thus directing particular attention to its merits.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

(Continued from page 209.)

dition and effluvia at that hospital were such as he could not attempt to describe, and yet the medical superintendent told him that there was no fever caused in that way. There was only one case of typhoid fever in the house at the time, and there was scarcely an hospital in Europe where only one case of typhoid fever would be found out of 800 patients. Dr. Livingstone had mentioned to him some facts connected with his experience in Africa, but as that distinguished gentleman was present he would leave him to state for himself what that experience was. The second proposition he had to submit was, that atmospheric air, without smell, was often most dangerous. In support of this he need only refer to the marshes of Essex and Lincolnshire, the low grounds of Holland, the Campagna of Vienna, the Delta of the Ganges, the Guinea Coast, and other parts of the world, where the most pestiferous fevers prevailed epidemically in their worst form; and yet these effects were never attributed to bad odours, nor did bad odours exist to any extent. The conclusion from these two propositions was, that there was no necessary connection between bad smells and deleterious gases. Some deleterious gases, such as carbonic acid and others, had no smell, while there were others, such as carburetted and sulphuretted hydrogen, that had smell, but in which the absence or presence of the smell had nothing to do with their unhealthy properties. One of the promoters of the Edinburgh bill, a working man, declared that the smell of the water of Leith was so strong as, to use his own words, "to knock down the de'il". It was not, however, pretended that the man himself had ever been knocked down or that any person whatever had suffered any inconvenience from the bad smell. Several persons living on the banks of the stream have declared that this was the healthiest part of the city, and the district surgeon, under whose house the water actually ran, repudiated the idea that it had any injurious effect. Smells as smells were neither injurious to health nor were they a nuisance to those who lived amongst them. The reason was, that the people became accustomed to the smells. The sense of odour was really paralysed, as any one might test, by holding to the nose for any time an odoriferous flower. They were only strangers to a neighbourhood, therefore, who detected its bad smells. His fourth proposition was, that deleterious gases arising from effluvia

were only injurious by being infused and carried into the blood; and to this end they must be sufficiently concentrated, and the atmospheric air proportionately diminished. Workmen descending into pits and wells, where gas had been shut up, often met with danger, but those who exposed themselves to the effluvia of open drains were not affected. The men who worked in the large drains of London were not more particularly affected as regarded fever and similar diseases than others of the same class differently employed. The fifth proposition was, that emanations from drains and from sewage entering running streams were in no way dangerous. According to statistics published by Dr. Littlejohn, Officer of Health for Edinburgh, who was employed by the magistrates of the city, and was, therefore, a witness on the other side, it appeared that the cases of fever in the year 1863 were four in the upper water district, and one in the lower, out of a population of 13,321 in the former case and 3,866 in the latter. Out of 17,000 inhabitants, therefore, there were only five cases of fever among those who lived on the border of this very foul stream; whereas, when they went to the districts surrounding the Tron Church, they found no difference in the number of cases. With regard to cholera, the cases were thirty or forty times as many as in the districts of St. Giles' and the Grass Market as in the so-called infected districts. According to the Registrar-General's return, the death-rate of the Leith district was 17·62 against 24·5 over the whole city. There was a general idea that when sewage and other matters were thrown into the streams, they were so polluting that they destroyed the fish. No doubt they did destroy the fish in the Thames in great quantities; but in the Eden at Carlisle, so far from the sewage being mischievous to fish, they actually increased in weight upon it. The same thing occurred in other streams; the trout collected about the mouths of open drains, for the purpose of feeding; and with regard to the celebrated whitebait, it had been shrewdly suspected that that great luxury was derived from the peculiar condition of the Thames, and was rather the result of a high kind of feeding than anything else. Now he came to the sixth proposition, that typhoid fever could not be proved to originate by the fermentation of sewage water. When an epidemic attacked a locality, it was usual to find out some obvious physical cause, and there was no difficulty in finding plenty of illustrations to support the view adopted. His own view was, that we were profoundly ignorant of the causes of epidemic disease. It had been said that typhoid fever originated with drains, and there were a great many coincidences to support that doctrine. There were a number of instances in which fevers had originated in a town where some had gone wrong, where a drain had been opened near or where the smell was more powerful than usual. If they, therefore, confined their attention to striking coincidences, there appeared plenty of grounds for the theory. But they should inquire further. The Bradford epidemic was proved to have originated with the drinking of impure water, and the great epidemic in Edinburgh in 1847 and 1848 followed the failure of the potato crop, and ceased when the scarcity of potatoes ceased. Without going into a great many examples, he might say that there were innumerable cases of emanations that had never caused epidemics, to counterbalance those that could be cited on the other side. The seventh proposition was, that improving drainage by costly works did not necessarily remove disease. In Paris, where great improvements had been carried out, and where the streets built by the present Emperor were arranged according to the most approved discoveries in modern drainage, epidemics had not been diminished. The old town of Edinburgh had no draining at all up to a recent period, and old pupils at the University could remember that some years ago a case of typhoid was unknown there. Typhus used to be the prevailing form, while typhoid prevailed abroad; and as foreign physicians came over to Edinburgh to study the former, Edinburgh students went to the Continent to study the latter. Typhoid fever, however, had recently appeared in Edinburgh, and, strange to say, it appeared to have followed the improvements there. He did not mean to say that the fever was caused by the improvements, but the coincidence was curious. It was said that the introduction of the water-closet system had brought that poison into the houses; that, owing to an insufficient supply of water, the noxious gases now escaped inside instead of outside. That was a very plausible argument, no doubt; but when he found that the disease in Edinburgh followed the failure of the potato crops, he was induced to believe that fevers originated from other sources than drainage. When they came to investigate what these sources were, they entered upon a very wide field of inquiry. He considered that improper food and drink had much to do with the question. He had read a great deal of the cesspools, and a paper was read at the Edinburgh meeting, in which every cesspool was said to be a focus of disease. That might be so, but not on the ground on which it was put by the author. It was quite clear that where cesspools existed, the ground round them got saturated with the gas, and in that way animal matter, in a state of putrefaction, found its way into wells. The water was thereby poisoned, and drinking such water was favourable to disease. It was not anything perceptible in the taste or smell that was the cause. Dr. Macadam had shown that apparently pure water might contain most deleterious salts. Bad water, on the other hand, was often very bad to the taste, but it did not, therefore, follow that it should be injurious. In the case of a besieged town, when the inhabitants were left in a nervous condition, and there was a want of food, epidemics sprung up, and crowding and poverty were also fruitful sources of disease. The great seats of fever in our towns were the narrow closes where the dwellings were badly ventilated, and where insufficient and bad food, and many other injurious agencies, were at work. If he were to pick out any one of those agencies, and say that it was the cause of fever, he should be reasoning very erroneously. Dr. Budd was of opinion that drains might propagate, though they did not originate, fever. He had heard it said that the fastidious tastes and feelings of Englishmen were opposed to all those plans which were found to work so usefully in other countries, as in France, in Germany, and even in China. They must endeavour to prevent the public from adopting partial or erroneous views upon this question. Attention ought to be directed to the prevention of the pollution of our rivers and streams, and to the consideration of how the sewage of towns could be best utilised, so as to return to the earth the fertilising qualities that had been taken from it. Human excrements, like those of all other animals, if properly employed, so far from being poisonous or injurious, were, in truth, the source of the growth of the vegetable, and thus of the animal world. The engineering, agricultural, and chemical parts of the question he had purposely avoided. It would be enough if in that Section they could succeed in arriving at the conclusion, that emanations from human excreta or from sewage of towns were not so dangerous or injurious to health as was generally supposed.

Dr. Livingstone entered his protest against being thought an advocate for stinks, but he believed it was most important to know that stinks were not the cause of fever in Africa. That was the conclusion to which his and Dr. Kirk's experience led them. He would just give one instance in which he particularly noticed that a very bad smell had no effect upon their health. When they came down to Nyanza last February, they found that a large portion of the water of the river ran into a marsh about ten miles below, and after passing through the marsh it fell into the river at a point lower down. When it came out of the marsh it was as black as ink, and had a most abominable smell. They were obliged to stop at night in the midst of this smell, and they could not for a moment forget its presence. The white paint upon the two ships was turned quite black; so black, that the colour could not be washed off; all the brass work was turned to a bronze hue, and even the ropes were discoloured. He thought they were in for a good touch of fever, and he inquired of the natives if they had ever observed serious effects following these phenomena, but he was told they never produced illness. This was actually the case as far as he and his colleague were concerned. From this and all their experience in Africa, they came to the conclusion that fevers did not come from the bad smells; he was

of opinion that bad smells ought to be got rid of as soon as possible, but it would be a great mistake if medical men, or anyone else, supposed that fever came from the presence of bad smells. He wondered very much at the chemists saying anything about a bad smell being prejudicial to health, for he remembered well when he was studying chemistry, that in the laboratory there was a perpetual atmosphere of sulphuretted-hydrogen. At first this was very offensive, but in the course of time they got used to it, and he never found that any one of his companions were the worse for it. He was surprised that these gentlemen objected to the doctrine Dr. Bennett had advanced, but it must be because they had got used to bad smells, and did not know when they were in them.

Dr. Kirk could confirm, from another case, Dr. Livingstone's statement of his experience in Africa. When passing, on one occasion, by the side of a lake surrounded by mountains, they found the water much as Dr. Livingstone had described it in the instance he had mentioned, and yet in that neighbourhood there was never any serious fever. The health of the people was uninjured, though they were drinking the water, and to get it they had to wade out amongst the reeds, the decomposing vegetable and animal matter throwing off bubbles of fetid gas all the time. The water was used commonly for drinking purposes.

The President: How long did you stay there?

Dr. Kirk: We were only there one night, but for about twelve hours we had nothing but that water to drink.

The President: Was the water boiled before use?

Dr. Kirk: We drank it without boiling. They saw the converse also. At one place, where the atmosphere varied from 80 to 100, when the grass was all gone and the leaves were off the trees, and the walls were free from decomposing matter, they suffered much. It was curious to note that passing a day in the mangrove swamps, where they never saw the sun, the fever did not come on, but on the following day a heavy perspiration came on, whether in sleep or exercise, staining the clothing, and in that way perhaps the malaria passed off.

A long and interesting discussion then ensued, in which Dr. Macadam, Dr. W. Budd, Dr. Richardson, Provost Maclaren, Dr. Cobbold, Professor Wanklyn, Mr. Michael, Dr. Paul, Dr. Crisp, Dr. Gilbert, Dr. John Davy, and several others took part, and it was the general opinion that the smells *per se* were not injurious to health. In the course of the day the following resolution was proposed on this subject by Dr. W. Budd, of Bristol, and carried unanimously:—

"That it is desirable that a committee be appointed to report to the Association at some future meeting on the following question, viz.: Whether the specific agent which is the cause of typhoid fever be ever generated *de novo* out of common sewage, or whether sewers only propagate this fever by the determination of the germ contained in the liquid discharge from people already afflicted with the disease."

THE HOSPITALS OF BATH.

In connexion with the late meeting of the British Association, we have thought that some reference to the Hospitals of Bath would be appropriate. These institutions are two in number, one being specially devoted to the treatment of diseases by means of the thermal waters for which the city has been celebrated from the time of the Romans; and the other a General Hospital, in which, however, the thermal waters are also employed as remedial agents.

THE BATH HOSPITAL OR INFIRMARY, now called "THE BATH MINERAL WATER HOSPITAL," was established for the relief and support of poor persons from any part of Great Britain and Ireland afflicted with complaints for which the Bath waters are a remedy. The foundation-stone of this noble charity was laid by the Hon. Wm. Pulteney (afterwards Earl of Bath), in 1737; but the building was not opened for the reception of patients till the 21st of May, 1742. The celebrated Richard Nash, in conjunction with Dr. Oliver and Ralph Allen, was amongst the most prominent promoters of the undertaking. Nash first exerted himself in obtaining contributions from the wealthy who resorted to Bath for health and pleasure; Mr. Allen engaged to provide gratuitously, from his quarries on Combe Down, all the stone, ready worked, required for the building, and presented one thousand pounds in money towards its funds.

In 1739, an Act of Parliament was obtained, by which the charity was incorporated, under the name of "The President and Governors of the Hospital or Infirmary at Bath," and ninety-one governors were originally named, who are succeeded, on their decease or resignation, by others, elected in their stead, at a general court.

It is a peculiar feature of this charity that no interest is required to gain admittance to its advantages—no recommendation of subscribers, governor, or any other person. All that is required is, that the party who desires admission be in such condition of life that the expenses attendant upon a long residence in Bath would be more than could be afforded, and that the waters are applicable to the patient's case. The patients are gratuitously supplied with the best medical advice and attendance, food, washing, medicine, and the assistance of nurses.

The number of beds at present provided is 142, allowing ample space for each, and accommodating eighty-five males and fifty-seven females.

Baths are constructed within the hospital, and the Bath waters are introduced, so that the patients are enabled to bathe almost at their bedsides—an arrangement which greatly conduces to their cure.

Within the last few years a most important improvement has been effected, by the erection of an additional building, equal in extent to the original hospital, and connected with it by corridors.

The erection of the new building (including the cost of its site), and the improvements effected in the old building, have involved an outlay of 20,468*l.*—towards which 2,500*l.* were supplied from a fund at the disposal of the governors, and 9,012*l.* by the public, in answer to appeals. The remainder, 8,956*l.*, has been paid from the capital of the institution.

The diseases deemed capable of being benefited by the Bath waters are—Palsy, gout, rheumatism; certain nervous derangements, in which the brain is not materially affected, among which St. Vitus's dance may be particularly noticed; leprosy and other chronic diseases of the skin; dropped hands from lead, poisonous effects of mercury or other minerals; pain, weakness, or contraction of the limbs; dyspeptic complaints, biliary and visceral obstructions, &c.

But where these complaints are accompanied with pain of the chest, cough, or spitting of blood; palpitation or other disturbance of the heart; evidence of too great a determination of blood to the head; disease of the brain, or loss of memory or speech; acute inflammation in any part, or general fever; disease of the bone, or cartilage, suppuration of the joints, abscess, or ulcer of any kind; or if epileptic fits have occurred, the waters are not applicable. And in cases of apoplectic palsy, it is deemed necessary that six months should have elapsed after the attack before the patients are admissible.

We quote the following instructions for reporting cases and forwarding patients:—

"The eligibility of each case can be ascertained only by such circumstantial report as may enable the physicians and surgeons of the hospital to determine how far it is likely to derive benefit by the use of the Bath waters. Each report should, therefore, if practicable, be made by a medical man acquainted with the case, and must contain the *name, age,* and *parish* of the applicant; *a brief history of the disease, comprising its origin, progress, and present*

symptoms, mentioning the parts principally affected; and a correct representation of the state of general health. A blank form for making such report may be obtained, if desired, by applying to the Registrar, but it is not necessary except for eliciting the particulars required.

"It should be addressed, post-paid, to 'The Registrar, Bath Mineral Water Hospital, Bath;' and, in due course, notice will be given to the party applying whether it be admitted or rejected.

"If admitted, the letter to that effect will be accompanied with a blank certificate, to be filled up and signed by the minister and two of the churchwardens, or overseers, of the parish to which the patient belongs, and to be properly attested by other parties, declaring that he or she is too poor to obtain the use of the Bath waters without charitable assistance; but the patient is enjoined to remain at the usual place of residence until notice is received that a vacancy has occurred.

"The patient should then proceed without delay to the hospital, bringing the letter of notice, and the said certificate duly executed, as well as the caution money, which is three pounds for patients coming from any part of England or Wales, or five pounds for those from Scotland or Ireland.

"The object of the caution money is—to insure the means of returning patients to their respective homes, when discharged from the hospital; or to defray the cost of interment in the event of death. When not required for these purposes, or supplies of necessary clothing, when this is greatly deficient, the whole caution money is returned to the party who provided it, when applied for."

The mineral constituents of the Bath waters are not of a very marked character in a chemical sense, the principal salts being the sulphate of lime and the chloride of sodium; but the physicians of the Hospital consider that these saline ingredients, together with the high temperature of the water, exercise a beneficial influence upon the diseases above specified. It should be mentioned that, during the treatment, no other therapeutical measures are adopted, except those of the mildest character; the diet is plain and nutritious, and alcoholic liquors are almost entirely dispensed with.

The other hospital is the BATH UNITED HOSPITAL, OR THE BATH CITY INFIRMARY AND DISPENSARY AND BATH CASUALTY HOSPITAL, which contains 120 beds, and receives both medical and surgical patients. The building is on a bad site, being closely surrounded by houses in the most crowded part of the city, and is very near the river. It consists of two parts—an old portion, formerly a dwelling-house, and a new part with a rather elegant *façade*. The old part is about to be demolished, and workmen are busily engaged in building the foundations and erecting the walls of a new structure, which is to be joined on to the present new part and to replace the old. The wards of the new part of the Hospital are spacious and airy, and quite free from smell, thus affording a great and striking contrast to the old part, which is altogether inapplicable to hospital purposes.

At the time of our visit the wards were all occupied, but not full, the season being a healthy one, and the diseases of the patients were not generally very serious. The Hospital is adequately furnished with all surgical appliances, including a well-constructed and well-lighted operating theatre; and there is an excellent museum, containing a large number of specimens of morbid anatomy, collected, prepared, and arranged by the medical officers. Some of the surgical operations have been of the most difficult character, and we saw some cases of excision of joints the results of which had been quite successful.

MRS. W. B. PARKES, *née* Miss Amy Sedgwick, the widow of the late Dr. W. Parkes, has, since the death of her husband, been suffering from ill-health, aggravated, we understand, by litigation arising out of her late husband's partnership. She has been advised by her medical attendant to take a tour on the continent to recruit her health.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

MEETING AT YORK.

In the third, or Health Department, presided over by Sir Charles Hastings, a paper was read by Mr. R. Rawlinson, C.E., on the question "What are the best Means for disposing of the Sewage of Towns?" In the course of his remarks, Mr. Rawlinson said that the proper disposal of sewage was one of the most interesting questions of the day. Companies had been formed to work patents for treating sewage so as to separate the solids, but such companies had signally failed. Some few attempts had been made to apply the liquid sewage directly on to land for agricultural uses; but no actual and unmistakable results had as yet been realised on any great scale. Edinburgh and Croydon were in some respects both exceptions to this, as at those two places large volumes of sewage flowed directly on to and over land peculiarly fitted by nature to produce favourable results, and in neither of them was any steam engine power required for pumping, or any expensive distributing plant necessary. Land was the proper place for liquid sewage, and in every instance where sewage in its discharge was liable to become a nuisance the local authorities ought to be compelled to filter it through land, even although a pecuniary loss was incurred in the process. Towns could afford to pay the necessary cost of works capable of preventing disease. Liverpool and Manchester each paid some 8,000*l.* or 10,000*l.* annually to remove foul cess-pit matter, which had produced incalculable mischief. It could not, therefore, be considered any extravagance if such a sum were expended in utterly abolishing cess-pits by a regular and continuous removal of cess-pit matter in a fluid state on to and over land, so as to inflict a nuisance on no one. That town sewage had a value as a manure had been proved by every chemist of any name. There were in this country some 500 cities, towns, and districts having the powers of the Local Government Act; but in very few of them was sewage in its liquid form turned to any beneficial account. Rugby, Watford, Carlisle, Croydon, and Worthing were, however, exceptions to this rule. Liquid sewage was spread over the land at Croydon by gravitation; at the other places above named pumping was employed. The question of sewage utilisation had been thrown back by errors in works. Too much had been expected, and too much attempted. Experience, as far as it yet had gone, proved that fluid sewage could not be manipulated into a solid manure so as to pay. To utilise fluid sewage, land was required, and a regular agricultural establishment must be set up. Gravitation, and surface irrigation, as at Croydon, should be made available where practicable. If steam pumping power was requisite, open canal-like tanks, open carriers, and surface irrigation should be adopted. Sewage irrigation might be carried on over the same ground for an indefinite period, as was proved by some of the land near Edinburgh, which had been regularly irrigated for upwards of two centuries. No known or tried form of precipitating sewage, so as to obtain a portable solid manure, had ever been made to pay in Great Britain. Mr. Rawlinson suggested that parliamentary authority should be given to deal with the sewage generated in the several river drainage areas, and to impose rates over the area benefited.

Papers on the same question were also read by Dr. Bird, Mr. Thomas Walker, and Dr. E. Bishop, after which some discussion arose. Lord Robert Montagu, M.P., controverted the opinions expressed in Mr. Rawlinson's paper, and also cited in support of his own views parts of that gentleman's evidence adduced before the Select Committee of the House of Commons, of which he was chairman. Lord Robert contended that a law ought to be made compelling every town draining into a river to utilise its sewage in a liquid state on the land, whether the process would pay or not. His own belief was that it would pay.

REVIEW OF THE PERIODICALS.

The 'Dublin Quarterly Journal.'

In the present (August) number of this Journal, we find, under the head "Original Communications," a paper by Dr. Henry Kennedy, "On the Diagnosis of Abdominal Swellings, in relation chiefly to Dilatation of the Colon." The difficulties in effecting diagnosis are laid down—first, on account of the number of organs contained in the abdomen; secondly, their liability to displacement or malposition; thirdly, the contents of the hollow organs; fourthly, owing to the frequency with which ascites occurs; fifthly, the condition of the abdominal walls—whether they be affected with œdema or with a great development of fatty tissue. The author adds a new method to the means already existing for the diagnosis of abdominal tumours: it is the mobility of such tumours with the act of respiration, especially if they be situated in the upper and middle thirds. True or permanent dilatation of the colon is stated to be rare; nor is its diagnosis at all simple. Some interesting cases are adduced as illustrations of the subject; and the fact is dwelt upon that, in such cases of distended colon, there may be no constipation, but contrariwise, diarrhœa. In many instances, however, the bowels act regularly, although the colon may be enormously dilated. The points to be attended to in order to establish a correct diagnosis, if distension of the colon is the lesion, are—first, more tumours are felt than when organic disease exists; secondly, the movements and consequent alterations in position of the tumours, and which are effected by the slow peristaltic action of the bowels; thirdly, the evacuation of scybala; fourthly, the situation of such tumours in the abdomen; fifthly, their altering themselves, or rather being altered, in shape and size by the action of the intestines; sixthly, increase in size of abdomen; colic-like pains; sometimes constipation; at other times diarrhœa. Prognosis must be guarded. Treatment:—Tonics and aperients combined; as for example, extract of nux vomica and compound colocynth pill, or comp. coloc. pill with hyosciamus in small but frequently-repeated doses. Pills are better than fluid medicines; injections are of comparative little value. Diet must be as much as possible in the liquid form; frictions to the abdomen, and the encircling of it in the folds of a bandage, must be enjoined and used perseveringly. Electricity to the abdomen may be of decided advantage.——Dr. Hardy contributes an article "On Induction of Premature Labour in the Sickness and Vomiting of Pregnancy." Case I. is that of a delicate lady in whom vomiting set in after carriage exercise, and who found no relief from it until spontaneous premature delivery had taken place. Case II., an hospital patient, who, in the last month of her pregnancy, was attacked with violent vomiting, which was only stopped by delivering her. In neither case was there any sickness in the early months. A case is brought forward in which the presence of uterine polypus had created violent and obstinate vomiting: removal of the growth entirely checked the affection. In the second case coffee-ground vomiting took place to a most alarming extent. The indications for delivery in cases similar to those we are considering are laid down. The horizontal position is advised to pregnant patients suffering from this ailment. In Case I., previous to delivery, the strength was maintained by the administration of nutrient enemata, which were retained especially when laudanum had been previously given.——Dr. Belcher contributes "Brief Considerations respecting the Weights and Measures and the Nomenclature of the Pharmacopœia." The author proposes, as a solution of difficulties dependent on the arrangement of the weights and measures of the new Pharmacopœia, the "use of weights of multiples of ten." This would obviate the necessity of making decimal calculations. The "hotch-potch" manner of writing prescriptions partly in English and partly in Latin is deprecated as unworthy the Profession; and Lucas's Act, relative to affixing the signature to prescriptions, is quoted verbatim. Some parts of the British Pharmacopœia are severely criticised, as is also the advice of Dr. Watson, to ignore the existence of such a book.——The fourth article is from the pen of Dr. Ricci, "On the Therapeutic Value of the Alkaline and Earthy Sulphites in the Treatment of Catalytic Diseases." Professor Polli, of Milan, discovered the anticatalytic properties of sulphurous acid, and of the alkaline and earthy sulphites; and, at the same time, the fact that the latter may be administered with the greatest impunity, even in large doses. He therefore prescribed them in zymotic diseases, and found them most beneficial. Dr. Ricci carried out the Professor's views, and speaks of them in a confirmatory manner.——Dr. Althaus writes upon the physiological effects and therapeutical use of English and Continental spas, the different waters and the different ailments for which they are used being brought under consideration.——The sixth article is by Dr. O'Connor, and embraces the subject of "Contagion viewed Practically." The object of the paper is to establish an inquiry into the manner in which contagious diseases are propagated, and whether some of them might not be removed from under such a head of classification. Of those affections usually held to be contagious, some are considered by the author to be not so, but to be epidemic. ——Dr. Sinclair, in an article "On the Administration of Chloroform in Obstetrics," shows, in accordance with his views, that this drug should be given, not in every case, nor in ordinary cases of labour, but only in certain selected instances. It is also shown that chloroform may exercise a paralysing effect on the uterus, and so dispose to hæmorrhage.——Article VIII. is by Mr. Spencer Wells; the subject is, "Case of Fibro-Cystic Tumour of the Uterus." The patient, a Dublin lady, was under the care of Drs. Stokes and Beatty, who deemed an operation advisable, and summoned the author over in consultation and to be the operator. An operation was performed, a tumour removed, but the patient sank about three hours after she had begun to take chloroform. This article ends the first part of the Journal, the second part of which is taken up with reviewing the works of Dr. Robert Lee, Dr. Gibb, Dr.

Scoresby Jackson, Mr. Henry Lee, Mr. Blake's translation of Caillault "On Skin Diseases of Children," Dr. Anderson "On Eczema," Dr. Frazer "On Diseases of the Skin," and Dr. Gurlt "On Fractures." Reviews and notices of other works besides those we have just mentioned, fill up the rest of the Journal set aside for such a purpose; and what remains of the Journal is occupied with the proceedings of the Dublin Pathological and the Dublin Obstetrical Societies, with a notice of memoirs "On the Pathogeny of Strabismus," "On the Asymmetry of the Human Skeleton," and with "Clinical Records."

GENERAL CORRESPONDENCE.

VACCINATION AT WHITEHAVEN.

To the Editor of the Medical Circular.

SIR,—In looking over your valuable CIRCULAR for September 14th, on the article "Vaccination at Whitehaven," and the decision of the Board of Guardians of that place in limiting the number of its vaccinators, in this I quite agree with them, as, in a letter I inserted in the MEDICAL CIRCULAR some years ago on this subject, I then stated that the term *Public Vaccinator* (instead of *Union Medical Officer*), named in the Medical Vaccination Act, would be sure to lead to much confusion as well as dissatisfaction amongst the public and medical men generally, also to great neglect in the proper performance of the operation, which it has already done. I then stated, had the Legislature limited its powers to the efficient vaccination of the poor persons in the different Unions by their own Medical officers, the community at large would have provided efficient vaccination for themselves, as they had done previously to any compulsory measures being introduced. We should not then have had this so-called *Public Vaccinator* calling upon our private patients to offer his services in that capacity *unsolicited*, stating that he alone was duly authorised to vaccinate the children in his district; that no charge would be made to them for such services, as he should return it in his list of successful cases, to be paid for by the public. Now, many such cases have come under my notice, where the patients could well afford to pay their own medical attendant, as they had previously done, and were glad to pay him better fees than since the present anomaly was introduced; but in this, as in many other instances where the Legislature has interfered with medical matters, they have generally made them worse: yet I do think, if certificates are required from private practitioners, they have an undoubted right to be paid for them.

Scarboro,' Yorkshire, Sept. 24, 1864. I am, &c., AN OLD SUBSCRIBER.

LEGAL INTELLIGENCE.

CENTRAL CRIMINAL COURT.

(Before Mr. Baron PIGOTT.)

SEPT. 21ST.

MISDEMEANOUR.

Mr. Henry Wilkins, a surgeon, residing at Ealing, surrendered to take his trial upon a charge of misdemeanour, for having undertaken the charge of a lunatic patient for profit, his establishment not being duly licensed for the reception of such patients.

It will be remembered that, on the morning of the 6th of August, a young lady named Eliza Mitton was found in the Edgware road by a police-constable, who put some questions to her, the result of which appeared to be that he considered she was unable to take care of herself, and he conveyed her to the Marylebone Workhouse, where she was seen by Mr. Fuller, the resident medical officer, and Dr. Randall, the physician of the establishment. They both came to the conclusion that the young lady was of unsound mind, and she was placed in the ward appropriated for the reception of such persons. On the same day the defendant claimed her as his patient, and it turned out that the young lady had been placed in his charge by her father, and that he received an allowance of 180*l.* a year, for taking care of her; and he took her away with him.

Mr. Giffard and Mr. Poland conducted the prosecution, on behalf of the Commissioners of Lunacy; and Mr. Metcalfe appeared for the defendant.

The defence was, that at the time the patient was sent to the defendant she was not insane, but merely excitable and nervous, and required change of air and attention.

Mr. Baron Pigott described the Act under which the proceedings were taken as a most sensible and humane Act, and one much called for. In his directions to the jury, he said that it was shown that the house of Mr. Wilkins did not answer any of the conditions therein laid down, neither had Mr. Wilkins received any order or certificate from a duly-qualified medical practitioner, nor had he of course complied with the Act, which requires that he should send to the Secretary of State a copy of such certificate. With respect to the fact of the patient not being of unsound mind at the time of her reception by the defendant, if that view were taken by the jury, the case would, nevertheless, come within its provisions if it appeared that she subsequently became so, and was retained by the defendant for his emolument.

The jury, after a brief consultation, returned a general verdict of Guilty, and the defendant was ordered to be bound in his own recognisance in 200*l.* to appear on the first day of next term to receive judgment.

SEPTEMBER 22ND.

(Before Mr. Baron PIGOTT.)

TRIAL OF A SURGEON FOR ALLEGED MANSLAUGHTER.

Samuel Day Goss, surgeon, surrendered to take his trial for the manslaughter of Elizabeth Brazier. It appeared from the evidence that he had been first engaged on Wednesday, the 17th ult., to attend the deceased in her confinement, and paid several visits up to Saturday night, when he was again called in and immediately attended; but on his arrival was met with reproaches by the husband and by the mother of the patient for not effecting the delivery. He then left under some degree of irritation at the treatment he had received. The husband of the patient then sent for Mr. Llewellyn, a neighbouring surgeon, who attended, and on finding the case was likely to be a difficult one, procured the assistance of Dr. Gervis, and the birth took place about eleven o'clock. These gentlemen deposed, that although they thought that the delivery might have been effected two hours earlier, they could not say that delay had caused death. This occurred on the 12th inst., and was caused by an inflammation having set in.

At this point the learned Judge pointed out the fact that the evidence was insufficient to connect Mr. Goss's treatment with the death of the deceased, and the jury immediately returned a verdict of Not Guilty.

Several medical gentlemen, as well as patients of the defendant, were in court to give evidence as to his medical skill and to his attention, but they were not called upon to do so.

MARLBOROUGH STREET.

THE MEDICAL ACT.

Mr. Francis Bearnard, surgeon-chiropodist to the Royal Family, of No. 59 Regent street, again appeared before Mr. Tyrwhitt, to answer a summons for using the word "surgeon" on his door-plate, thereby implying that he was registered under the last Act of Parliament, known as the New Medical Act. Mr. Wm. Talley, of Beaconsfield, Bucks, representing the Medical Council of Education and Registration, appeared in support of the summons; and Mr. Lewis, jun., of Ely place, for Mr. Bearnard. The particulars of the case have already appeared in the last number of the MEDICAL CIRCULAR, p. 201. It may be re-

membered that it was stated by Mr. Talley, and admitted by Mr. Lewis, jun., that Mr. Bearnard had on his door-plate the words, "surgeon-chiropodist." Mr. Tyrwhitt adjourned the case till Thursday last, that he might consider it before giving a decision. Mr. Tyrwhitt said: "I have considered this case, and it appears to me that 'surgeon,' though prefixed to 'chiropodist,' cannot be treated as mere surplusage, but must have a meaning, and was intended to have one. That meaning must be measured, not by the narrow sense in which knowing Londoners, experienced in vain pretension and in the steps of medical rank, might take it, but by the general acceptation which the great body of mankind passing defendant's door-plate would ascribe to the words used thereon. I think, on the whole, that these words would convey to them that a surgeon, duly qualified and registered as such, practised at the house in question as a chiropodist. Taken to be such a surgeon, he would command more confidence with those who sought his aid as a chiropodist, and not only that, but he might naturally be consulted by them in surgical matters beyond the mere treatment of corns. We must allow something for that craving for small titles which is so widely spread at present, brought, it may be, by German steamers. The corn-cutter is restless till he writes himself chiropodist, and next, from fear of so much Greek not being understood, dubs himself surgeon at all hazards. On the whole, if the defendant will remove from his door-plate and cards the word 'surgeon,' I might consider as to mitigating the penalty, which is 20*l.*, and in that hope would adjourn my decision for a week; but if he now requests me to grant a case for the opinion of a superior court I will do so. In that event it will be needless to adjourn the case, and I fine him 20*l.*" Mr. Lewis observed that since the last occasion of the case coming before the court, Mr. Bearnard had been to the Medical Council, and the secretary had informed him that they were not initiating the complaint at all. Mr. Talley said he would satisfy any proper person on that subject. Mr. Tyrwhitt said he had nothing to do with the Medical Council. Mr. Talley said he could not discharge his duty towards the Profession which he had the honour to represent without thanking his worship for his serious attention to this important subject, in which the public, as well as the Medical Profession, were becoming seriously affected; and he thought that his friend, Mr. Lewis, who had so ably defended his client, would now have less difficulty in explaining the 'meaning' of the Act of Parliament under which these proceedings were instituted (laughter). Mr. Lewis remarked that if Mr. Bearnard took a case to a superior court, he had a right to know whether Mr. Talley was a responsible person. Mr. Bearnard had been called upon by several medical gentlemen who had expressed their distaste at the proceedings. After some conversation between Mr. Lewis and Mr. Bearnard, the former gentleman stated that, with all deference to Mr. Tyrwhitt's judgment, his client would take a case, and requested to know if his worship would accept Mr. Bearnard's undertaking on his own recognisance. Mr. Talley said, after what had fallen from Mr. Lewis, he could not assent, and especially in this case, inasmuch as he was instructed that the defendant's name was not "Bearnard," and that he was a stranger to him. Mr. Tyrwhitt said that he should require one surety for 50*l.*; when Mr. Lewis applied for time to make the necessary tender, which was granted. Mr. Talley said he was instructed to apply for summonses against other persons for similar infringements of the Medical Act, which were granted.

THAMES.

Mr. Fentiman, a chemist, druggist, and medicine vendor, of No. 2 Upper East Smithfield, near the Royal Mint, appeared to answer a summons taken out by Dr. Wills, a registered medical practitioner, of No. 22 Upper East Smithfield, which charged the defendant with falsely pretending to be a surgeon.

Mr. Butler Rigby, a barrister, instructed by Mr. Robertson, solicitor, opened the case for the prosecution, and said this was a case under an Act to regulate the Qualifications of Practitioners in Medicine and Surgery. Dr. Wills had purchased a practice at a considerable expense, and was a properly qualified practitioner. The name of Dr. Wills was in the 'Medical Register.' The complainant's practice had been greatly interfered with by the defendant, whose bills were given away opposite to and near the complainant's surgery, and had even been put into the hands of his patients. The defendant, who was not a regularly qualified medical practitioner, called himself a surgeon in his shop bills and advertisements, which would be produced. He had only in addition to put in the 'Medical Register' for the present year, in which the defendant's name did not appear, and the case was made out.

The 'Register' was put in and received as evidence, and Mr. Henry Carver, a commission agent, said he went to Mr. Fentiman's shop on the 15th and purchased twopennyworth of sweet nitre and threepennyworth of rhubarb. The defendant gave him a printed bill, in which he was described as "Mr. Fentiman, Surgeon, Dentist, and Chemist, No. 2 Upper East Smithfield, next to the Royal Mint, Tower-hill."

The defendant, in reply to the charge, said if he had done wrong he was very sorry for it. He was not aware it was wrong to call himself a surgeon, for he had carried on the practice of the healing art for twenty years.

Mr. Paget said there was a decision of the Court of Common Pleas in a case of this kind in 1860. That case seemed to run on all fours with this, or nearly so. The Court of Common Pleas on the facts decided there were no grounds to sustain a conviction. A man called himself a surgeon, and he was not registered. It was the same here. He did not think he should be justified in convicting, and must dismiss the case.

Mr. Butler Rigby asked the magistrate to adjourn the case. He believed there had been convictions which had not been quashed. This was a matter of great importance to the complainant, whose patients had been misled.

Mr. Paget thought he should have convicted the defendant if he had not seen the decision of the Court of Common Pleas. He did not see the utility of postponing his decision when the case seemed so very clear. He would adjourn the summons for a week, and if he then heard no more of the case, he should mark it dismissed.

MEDICAL REGISTRATION.

There has never yet been framed an act of Parliament through which an able lawyer might not drive a coach and six; but the looseness of the phraseology in the Medical Registration Act must be something extraordinary when we find two shrewd metropolitan magistrates putting upon it widely different interpretations. The words which Mr. Paget reads "white" Mr. Tyrwhitt reads "black;" and although the former gentleman rests his judgment upon some decision which has already taken place in the Court of Common Pleas, it requires very little discernment to see that the views of the latter, even though they should have less authority to uphold them, are exactly those which the public at the passing of the Act in question hoped would be the spirit of it. Quacks became so numerous all over the kingdom that it became absolutely necessary that they should be rooted out of the Medical Profession. The vital statistics of the nation suffered from their ignorance, and medical science was becoming neglected; for fathers were beginning to count the cost of giving a son a medical education, and comparing the outlay with the income likely to arise from the practice of a profession in which every ignorant pretender was at liberty to compete with him. It was this state of things that led to the passing of the Registration Act, which enacts that certain collegiate and corporate bodies already in existence shall be entrusted with the duty of testing the capability of all who desire to enter the Medical Profession, and that the certificate of one or other of these licensing bodies shall be considered a proper qualification—to practise? No; but to be registered as a practitioner. The right to practise is thus made to spring not from the possession of the degree or diploma, but from

the registration of it. This is as it should be, for the fact of the practitioner's name being duly registered is an assurance to all who may employ him that he is one whose medical or surgical knowledge has been thoroughly tested, and that proper officers have had the examination of the diploma or degree which they might be too diffident to call upon him to produce for their own satisfaction. Such being the nature of the Act in question, it would appear that a gentleman who had passed with honour through the ordeal of a severe examination in medical or surgical science is not at liberty to practise in either until he has put his name upon the registry. So, no doubt, he would himself feel; but such is not by any means necessary, for Mr. Paget, in substance, declares that any man who can pay for the engraving of a brass plate may hold himself out to the world as a surgeon, and kill and slay in his assumed vocation. Mr. Tyrwhitt, however, says quite the contrary, and pronounces that a man who uses the word surgeon merely as a prefix to his denomination, chiropodist, contravenes the law, as the use of the words is calculated to mislead the unwary. This, as we have already stated, appears to us the view most in accordance with the public wish, and we hope it may be confirmed by a judgment in banco, as we desire to see the health and reputation of families preserved against ignorance and villany.—'Observer.'

AWARD OF THE VICTORIA CROSS TO TWO ARMY SURGEONS.

(From the 'Gazette' of Friday.)

WAR-OFFICE, SEPT. 22.

The Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross on the undermentioned officers of her Majesty's army, whose claims to the same have been submitted for her Majesty's approval, on account of acts of bravery performed by them in New Zealand, as stated against their names—viz.:—

Assistant-Surgeon William George Nicholas Manley, Royal Artillery, for his conduct during the assault on the rebel pah near Tauranga, New Zealand, on the 29th of April last, in most nobly risking his own life, according to the testimony of Commodore Sir William Wiseman, C.B., in his endeavour to save that of the late Commander Hay, of the Royal Navy, and others. Having volunteered to accompany the storming party into the pah, he attended on that officer when he was carried away mortally wounded, and then volunteered to return in order to see if he could find any more wounded. It is stated that he was one of the last officers to leave the pah.

Assistant-Surgeon William Temple and Lieutenant Arthur Frederick Pickard, Royal Artillery, for gallant conduct during the assault on the enemy's position at Rangiriri, in New Zealand, on the 20th of November last, in exposing their lives to imminent danger in crossing the entrance of the Maori keep, at a point upon which the enemy had concentrated their fire, with a view to render assistance to the wounded, and more especially to the late Captain Mercer, of the Royal Artillery. Lieutenant Pickard, it is stated, crossed and recrossed the parapet, to procure water for the wounded, when none of the men could be induced to perform this service, the space over which he traversed being exposed to a cross-fire; and testimony is borne to the calmness displayed by him and Assistant-Surgeon Temple under the trying circumstances in which they were placed.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the preliminary examination in General Knowledge at the last meeting of the Board, and will be allowed to enter on their professional studies in October next:—J. P. Allwood, R. B. Anderson, J. C. Barker, C. J. Bedford, Joseph Bellingham, F. B. Besby, H. J. Broom, Wm. Butler, Leonard Cane, C. W. Chapman, Wm. Cheetwood, J. L. Collier, W. G. Cooper, Harold Crompton, Wm. Davies, John Deane, F. P. Deshon, Joshua Duke, Branford Edwards, H. V. Ellis, R. S. Fairbank, Joseph Gabe, John Giles, Wm. Grant, Edward Greaves, A. V. Griffiths, David Haward, Frederick Hay, J. R. Hughes, J. W. Hutchinson, G. H. Jackson, H. R. Jacobs, E. C. Jee, J. T. Jones, Joseph Lawton, J. R. Lazenby, W. T. G. Leapingwell. A. R. Lee, Friend Lewin, Wm. Little, S. G. Littlejohn, St. J. W. Lucas, F. M'Connell, A. F. M'Gill, A. R. Manby, J. B. Meredith, W. H. Meredith, W. H. Mills, John Morris, Wm. Naughtin, H. H. J. Nicholls, G. E. Norton, A. J. Owen, Samuel Pidwell, T. H. Ravenhill, Edward Roberson, Wm. Rose, C. K. Rudge, Edwin Sanders, C. B. E. Saunders, R. W. Savage, Henry Scobell, Philip Thompson, S. L. Trevor, A. T Walker, W. N. Walker, A. J. Wall, B. W. Wellings, Joseph Wharton, R. L. Willcox, Julian Willis, Arthur Wood.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst.:—John William Hayward, Seasalter, Canterbury; George Vincent Langworthy, Modbury, Devon.

On the 15th inst.:—Francis Graham Bennett, Brighton; Alfred Grace, Downend, near Bristol; Edwin Mason Sheldon, Liverpool; George Edward Shuttleworth, Russell place, W.; William Henry Vipan, Ely, Cambs; William Henry Witherby, Coombe, Croydon.

The following gentlemen also on the same day passed their first examination:—Charles George Edmonds, St. Thomas's Hospital; Francis Wilton, St. Bartholomew's Hospital.

At the recent examination for prizes in Botany, annually given by the Society of Apothecaries, the successful candidates were: (1) Robert Shingleton Smith, King's College—a gold medal; (2) George Rolph Raine, Guy's Hospital—a silver medal and a book.

CHLOROFORM AMONGST MEDICAL STUDENTS.—It appears very desirable that the uses of chloroform should be widely known amongst students and in general practice; indeed, it may be a question if constituting it a "speciality" by paid chloroformists in hospitals is not a retrograde step. Thus, the author has known bad hernia cases strangulated sent to hospitals twenty or thirty miles, to be operated on, after trial of various measures out of doors; but the hernia at once reduced by chloroform, which the practitioner, not a specialist, was afraid to administer before the patient was thus sent, sometimes by railway, to the hospital. In midwifery practice, where there is rigidity of parts and much pain, chloroform has proved a most beneficent agent, a real charity to the agonized sufferer; it not only facilitates the recovery of the patient, but has nearly superseded the use of forceps by facilitating "versional delivery." Here indeed we may say with Hippocrates—

"Divinum est opus sedare dolorem."

In medical cases, such as epilepsy, puerperal mania, tetanus, asthma, chloroform has now been used extensively, with apparent good results. In epilepsy also, certainly without these accidents that theory would point out. In tetanus, chloroform in *full* doses is a most valuable *auxiliary*. It saves pain or spasm, and assists materially in helping the patient to swallow nutrients and wine, so essential to the treatment. Twenty-two cases thus cured are recited in 'The Medical Times,' 1861; sixty in the wars in Italy. In irritable bronchitis, whooping-cough, or asthma, chloroform acts like a charm.—Dr. KIDD, in 'Medical Mirror.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 28.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 29.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 30—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 1.—*Operations* at St. Thomas's Hospital, 1 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 3.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 4.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Chemical Process of the British Pharmacopœia. By Henry J. Church (of Cambridge). London: R. Hardwicke, 192 Piccadilly.

Practical Anatomy, and Manual of Dissections. By Christopher Heath, F.R.C.S. London: John Churchill and Sons. 1864.

Canada Medical Journal, September.

Lady-Doctors. London: Emily Faithfull, Princes street, Hanover square.

An Inquiry into the Relative Frequency, the Duration, and Causes of Diseases of the Skin. By Erasmus Wilson, F.R.S. London: John Churchill and Sons, New Burlington street.

Photographs of Diseases of the Skin (coloured from Life), No. 2. By A. B. Squire, M.B. Lond. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

IN consequence of the length of our Special Report of the Proceedings of the British Association, we are compelled to postpone the publication of Dr. Earle's paper "On Post-Partum Hæmorrhage," our usual Hospital Reports, Review of Books and Periodicals, and many other articles.

AN OLD SUBSCRIBER.—The letter is inserted.

THE LONDON HOSPITAL MEDICAL SCHOOL.—The card has been received.

THE MEDICAL SCHOOL OF ST. THOMAS'S HOSPITAL.—The card has been received.

MR. D. E.—The article was copied from one of the daily journals.

IGNORAMUS.—There is no law to prevent a medical practitioner from employing such a person as a visiting assistant, but he will be responsible if any accident should occur from the incapacity or neglect of his substitute. In the case of Poor-law appointments, the assistant must be legally qualified to practise.

MRS. M. A. B.—We have received for perusal a copy of the 'Annales de l'Association Internationale pour le Progrès des Sciences Sociales,' and it shall be left at the publishing office as requested. Mrs. B. will perceive that we agree, in a great measure, with the sentiments she expresses.

MR. R. P.—Magnesium is now produced at a very cheap rate, the wire being sold at threepence per foot. The light given out by the combustion of this metal is exceedingly brilliant, but we are not aware that it has yet been applied practically for the purpose of illumination.

A LADY-READER.—It is not easy to account chemically for the efficacy of the Bath waters. Their chief solid constituent is the sulphate of lime, which is usually considered to be almost inert as a drug.

DR. R. S.—The best plan is to consult a respectable solicitor, as the question is entirely a legal one.

MR. H.—We have already stated that the subject is not one in which we think it expedient to interfere.

Vapour Bath Apparatus. — Mr. CHANDLER, Anatomical Mechanician, begs to announce that he has been appointed sole Agent, in England, for the Sale and Hire of Dr. LEFEBVRE'S PATENT PORTABLE VAPOUR BATHS. It has been pronounced by the Profession to be the most perfect and effectual means of introducing through the pores of the skin into the body any medical preparation. To be seen in operation at the London Establishment, 66 Berners street, Oxford street.—Inspection invited.

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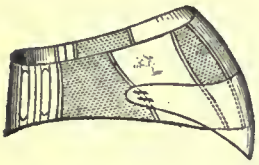

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OPENING OF THE METROPOLITAN SCHOOLS OF MEDICINE

FOR THE SESSION 1864-5.

The Metropolitan Schools of Medicine are now open for the season, the Introductory Lectures at some of them having been delivered on Saturday, and at others on Monday last. They were very well attended, the audiences consisting, as usual, of the old pupils and friends of the respective institutions, and, in one instance, ladies were admitted. The schools which were opened on Saturday were those of Guy's Hospital, St. Thomas's Hospital, King's College, and St. Mary's Hospital, and the rest were opened on Monday.

GUY'S HOSPITAL.

At this large establishment, a great number of auditors were attracted to the usual introductory lecture, given in one of the lecture-rooms, which was indeed inconveniently crowded. The room is probably large enough for the ordinary purposes of the lectures, but is quite inadequate for the accommodation of the crowd which generally assembles at the commencement of the session. The address was delivered by Dr. J. Braxton Hicks, F.R.S., one of the Obstetric Physicians, who was supported on the occasion by most of the other medical officers of the institution, and who was vociferously cheered by the students on his entrance, and during the course and at the conclusion of his lecture. The enthusiasm and the high spirits of the students, apparently invigorated by their recent visit to the country, were so excessive as at times almost to interrupt the course of the lecture; but it was all taken as it was meant, in good humour, though it excited considerable astonishment among the more sedate portion of the audience.

Dr. Hicks said he considered the first year of studentship as the most important in stamping the character of their manhood for good, for evil, or for nonentity. He then alluded to the flourishing state of the school, the largest in London, and the excellent standing of the students at their examinations. In speaking of the excellence of the profession of Medicine, he continued: "Beyond the duty and high privilege of man to endeavour, as far as possible, to assimilate his mind to the Divine essence, the next great end of man's life, as taught by the Great Master, is to alleviate poor suffering humanity, and this is the object of the Profession you have selected. There are, doubtless, other occupations which hold forth the promise of greater gain; nay, there are other professions which hold forth hopes of greater fortune and higher rank; but there is none which, while it enables us to gain a competent living, will permit us to carry forward in ourselves the great end for which we were created, and to further the design of universal brotherhood. This, gentlemen, is a noble profession, the following of which honestly and to our best ability brings its reward with it—one in which, however ill requited in a pecuniary sense we may sometimes be, however ill acknowledged and ill understood our services now and then may appear, yet at each sunset we can with comfort reflect that we have not altogether lost a day. Besides these things, in following this Profession you will have opportunities of seeing the highest qualities of man, as well as the most opposite; human nature endeavouring to raise itself above the earth, yearning after the great ideal, stretching out as it were into the heavens, to bring down, if he can, a ray of its ineffable light. On the other side of the scene you may behold the same nature beneath the level of the beasts, endeavouring to efface all traces of the divine, extinguishing every spark of light, bringing both mind and body, by drink, sensuality, and crime, into a state worse than brutes. These you may both, perhaps, see in the same hour. Let them be a lesson to you; let not your minds become blunted to them by their frequency. While the former tends to give us, perhaps, a too high notion of humanity, let the other warn you how delicate a growth is the human intellect and soul, how readily it can be defaced and destroyed by want of culture and need of care, and how responsible is the custody with which our Creator has entrusted it to us." Dr. Hicks then dwelt upon the responsibilities of those who undertook to deal with the lives of others, urging that they were not only to labour for a maintenance, but for the attainment of as much knowledge as it was possible for them to acquire, in order to render the best aid possible in all circumstances in which they might be placed. But if they did their duty here they would have truly learnt how to learn. Students they were all to their graves. The Profession required a rigid love of truth, one that would lead them to learn all they could. Discussion amongst themselves and in public was much commended as a means of improvement, as also was the frequent employment of the hand in order to perfect its use. The students would hereafter in the discharge of their duties find many difficulties—and who did not?—and many dangers. The difficulties they would overcome by resolution to follow the right path—the dangers they would brave by that spirit of devotedness and Christian feeling which had always distinguished the Profession, which had urged its followers to succour the dying amid pestilence, amid showers of bullets, and on the sinking ship. (This allusion to the fate of poor Llewellyn was received with loud applause.) Need he fear that they, devoted to so glorious a profession, with all these noble examples before them, would shrink from its dangers or quail beneath its difficulties. In the faithful discharge of their duty he knew nothing of more value than a kind manner. To those of them who had been laid on a bed of sickness he need not speak. They had experienced the effect of kind words and gentle actions. To those who, in the full enjoyment of health, knew not the weakness of body nor depression of mind produced by sickness, he would say, Be very careful lest, in haste or from thoughtlessness, they pained the mind while their skill was endeavouring to alleviate the suffering of the body. Let them remember that in addition to this there might be a spirit bowed down by care and want, or a heart pierced through by sorrow. Let them add not another shaft, but speak gently and kindly to the patient. In addressing the students about to leave the Hospital, Dr. Hicks said it would be impossible to wish them an absence of all cares, or entire freedom from all troubles, because that was not permitted to man; but he did wish them that energy and perseverance which would overcome them, that steady heroism which would defy all odds, that self-reliance which an upright character would surely bring them. He recommended them to be very careful how they injured in any way the reputation of a fellow-practitioner, either by words or insinuations. (This remark was received with great approbation, and numerous cries of "Goss!" and "Gervis!") He showed them that their standing in after life depended much upon themselves; that although as members of the Profession they would take a good status in the best educated society, yet, if they unfortunately fell beneath that status, they must not expect that the sanctuary of the Profession would afford them shelter. The lecturer showed them that, notwithstanding the dangers and difficulties they would meet, if they would persevere in the faithful and energetic discharge of their Profession, they would gain, not great wealth, high titles, or much leisure, but the consciousness of having done their duty to the best of their ability, of having all their lifetime endeavoured to

assuage human suffering, and of having earned a name and reputation amongst men which they would leave unsullied to their successors.

ST. THOMAS'S HOSPITAL.

This institution, as is well known, is now only in a temporary condition, its present site being the spot formerly occupied by the Surrey Zoological Gardens, and afterwards by M. Jullien's Concerts. The large concert-roon is now fitted up as an hospital, and other buildings are erected for the reception of patients, or for the purposes of the lecture-rooms and the museum. The latter is extensive, and contains a large number of specimens in human and comparative anatomy and in pathology, and of wax-casts illustrating physiological and pathological processes. The lake behind which the display of fireworks was wont to take place in former times still remains in the grounds, and the trees and parterres recall the memory of the period when the place was dedicated to music and gaiety instead of the care of the sick and wounded. Everything, however, bears a clean and cheerful aspect, and the spot is by no means ill-suited to the purposes of an hospital.

The Introductory Lecture was delivered by Dr. Clapton, the Dean of the Medical School, in the presence of Mr. Baggallay, the late Treasurer; Mr. Francis Hicks, the present Treasurer; Mr. Tite, M.P., F.R.S.; and many other friends and supporters of the hospital, the Medical Staff, and a large number of ladies.

Dr. Clapton commenced his address by passing a high eulogium upon the memory of Mr. Joseph Henry Green, the late consulting surgeon of the hospital, now no longer amongst them. But though he had recently passed away, the honour reflected on any hospital or school of medicine by connection with that revered and world-renowned name would never fade. There were, he believed, many now around him who well remembered with what eagerness and benefit they once attended his most impressive and fascinating lectures, and who would ever feel the greatest pride in being able to say they were once his pupils. Though born as he was to the inheritance of ample means, with the most enviable personal gifts and splendid connections, the nephew of the celebrated Cline and the intimate friend of Coleridge, yet he had too large a mind not to know that even such advantages as all these do not alone constitute a great man. With all his natural gifts he had the most remarkable acquirements and untiring energy, and he laboured as though his whole prospects and fortune depended on his own individual efforts. None more than he represented the spirit and dignity of his Profession. Twice President of the Royal College of Surgeons, Professor of Anatomy to the Royal Academy, and President of the General Council of Medical Education, he had obtained the foremost position and the very highest honours. Universal must be the regret that he no longer lived to the adornment of his Profession, and to the profit of humanity and of science. Dr. Clapton then proceeded strongly to urge the necessity of the study of chemistry and anatomy, which was the basis of surgery. As far as health and opportunity would allow, too much time could not be spent in the dissecting-room and the post-mortem-room. He begged of the students, whilst cheerfully performing their duties, to avoid all levity in the rooms of the dead, as well as in the wards of the hospital. "Depend upon it," said Dr. Clapton, "there can be no greater and purer pleasure in life than the relief of suffering humanity, and the pursuit of science, when undertaken with right principles, leading, as they did, to the highest Christian virtues, as well as to the attainment of honour and success." In connection with the public services, Dr. Clapton remarked:—"It was impossible at the present time to refrain from noticing particularly the deplorable state of the Army Medical Department. It was most unfortunate, to say the least, that the terms of service were so unsatisfactory that good men would not accept them, and the authorities were at their wits' end to devise some means by which they might secure indifferent men. There must be something radically wrong when the army, in time of peace, needed medical officers and could not obtain them. There were plenty of medical men—and good men too—who would be willing and glad to enter the service if only the terms and inducements were such as gentlemen could accede to. He had taken some pains to learn, by personal inquiries, amongst present and past army surgeons, what the grievances really were. It seemed to him that the fundamental evil was that the Medical Department was, as it were, between two enemies. The Horse Guards had no objection to the department being better paid, but was most jealous of granting any increased rank. The Treasury would be willing to see every doctor with the rank of a general, provided he got no increase of pay; and so the poor doctor fell to the ground. The Horse Guards especially had shamefully treated the department, and would no doubt continue to do so, if by such means as they were now attempting they could induce any sort of candidate to fill the 200 vacant appointments. If they attracted only second-rate men, let them, at all events, not complain if they did not turn out first-rate. They offered no inducements or advantages to the good and able ones, and now failing of such men they are trying to secure the idle and unsuccessful men, who were what was called in the army 'Her Majesty's hard bargains,' and who drew the same pay as the really good men, enjoyed the same privileges, and, from their known incapacity, were never given any harassing work, and in consequence got more leave." Dr. Clapton then went on to observe upon the fact that the older surgeons in the army complained that they never could feel settled anywhere, and mentioned a recent instance where an inspector-general of hospitals, when he had scarcely been six months at Aldershot, was ordered off suddenly to Malta, where he died of fever almost immediately after his arrival there. His widow was now grateful for the gift of 5*l.* from a charitable society. It was a great drawback to the Medical Department that there was so little occupation found for surgeons wishing to retire from foreign service, and who were willing to do any fixed work at home. It would be considered good economy for Government to make a number of civil appointments for half-pay medical officers, such as those of inspectors of prisons, and of vaccination, and the like, who should be bound to go abroad, if needed, in time of war, but not be liable to be moved for any other cause. The lecturer then complained of the breach of faith on the part of the authorities in reference to the Warrant of 1858 upon the points of seniority precedence, choice of quarters, presidency of boards of inquiry, allowances in the way of forage, &c., and said that until the grievances of the Medical Department of the Army were cleared up, no well-educated gentleman would be induced to enter the army. Dr. Clapton then alluded to the patriotism and bravery of the medical men in the army, as was shown in the fact that no less that fifty-four of that body fell in the late Russian war, amongst whom were two past house-surgeons of that hospital. As a class he would venture to say that none were braver. If one sought a monument of those who fell in the Russian war he would find it in that Gothic Cross, now being erected at Netley, and recently inaugurated by the Prince of Wales. It would be as well here to warn the authorities that they must not reckon too much, as they professed to do, on the Medical Profession being overstocked, and that if a war were, unhappily, to break out, they would be able again to secure the services of 200 or 300 volunteer surgeons; for it must be borne in mind that whereas the number of medical men under forty was 11,105 in 1851, in 1861 there were only 9,910, and this notwithstanding the great general increase of population. Dr. Clapton proceeded to refer to the future site of St. Thomas's Hospital, and to the loss the institution had suffered by the retirement of Mr. Baggallay, the treasurer. He trusted that they were destined to see, on the site of Stangate, a hospital unequalled for magnificence, position, and usefulness by any other extant.

The lecture, which was received with great applause, was followed by the distribution of prizes and appointments

for the past Session, which were awarded in the following order :—

The William Tite Scholarship.—(Founded by Wm. Tite, Esq., M.P., F.R.S.)—Student introduced by Mr. Sydney Jones : J. J. Ridge, Horsleydown, Scholarship, the interest of 1,000*l.* Consols, tenable for three years, and hon. certificate.

First Year's Students—Introduced by Dr. Albert J. Bernays : A. Waller, Islington, (College Prize) 20*l.* and hon. certificate ; W. W. Inglis, Brixton hill, (College Prize) 10*l.* and hon. certificate ; F. Rainbow, Lower Norwood, hon. certificate.

Second Year's Students—Introduced by Dr. Peacock : F. H. Ward, Scarborough, (College Prize) 30*l.* and hon. certificate ; C. T. Aveling, Shacklewell, (College Prize) 20*l.* and hon. certificate ; H. H. Birtwell, Enfield, Lancashire, (College Prize) 10*l.* and hon. certificate.

Third Year's Students—Introduced by Mr. Simon : W. W. Wagstaffe, Kennington, (College Prize) 30*l.* and hon. certificate ; P. Cowen, Kennington, (College Prize) 20*l.* and hon. certificate ; G. F. Sankey, Ashford, Kent, (College Prize) 10*l.* and hon. certificate ; J. B. Siddall, Morton, Derby, hon. certificate ; W. N. Heygate, Hanslope, Bucks, hon. certificate ; F. Snaith, Boston, Lincolnshire, hon. certificate ; D. Iles, Fairford, Gloucestershire, hon. certificate.

Resident Accoucheurs.—Students introduced by Dr. Barnes : F. H. Gervis, Tiverton, Devon, hon. certificate ; J. Morton, Holbeach, Lincoln, hon. certificate ; C. E. Saunders, Clapham, Surrey, hon. certificate ; W. N. Heygate, Hanslope, Bucks, hon. certificate.

Physical Society.—Students introduced by Dr. Bristowe : W. W. Wagstaffe, Kennington, Society's third year's prize and hon. certificate ; F. H. Ward, Scarborough, Society's second year's prize and hon. certificate.

Certificates of Honour to the Surgeons' Dressers.—Students introduced by Mr. Solly : C. T. Aveling, E. Carpenter, J. Carless, C. G. Edmonds, R. Hullah, J. J. Jackson, A. O. Jones, J. Jones, W. H. Reed, J. Raby, C. G. Saunders, F. Snaith, J. Stride, W. K. Treves, F. J. Wadd, F. H. Ward.

Certificates of Honour to the Physicians' Clinical Clerks.—Students introduced by Dr. Goolden : C. T. Aveling, H. H. Birtwell, J. Carless, C. G. Edmonds, S. Hague, R. Hullah, J. J. Jackson, J. Jones, J. Raby, J. Stride, W. K. Treves, F. H. Ward.

Surgical and Anatomical Medal.—Student introduced by Mr. Frederick Le Gros Clark : W. W. Wagstaffe, Kennington, (Cheselden Medal) founded by George Vaughan, Esq.

For General Proficiency and Good Conduct.—Student introduced by Dr. Barker : W. W. Wagstaffe, Kennington Treasurer's Gold Medal.

KING'S COLLEGE.

Professor Samuel Cartwright, F.R.C.S., delivered the inaugural lecture at this College before a crowded audience. After congratulating past and present students, the learned Professor said that political differences would always exist, and it was well that it should be so. Opposition, if he might so term it—and they heard a good deal now between the Conservative and the Liberal—strong enough to make itself heard, was useful in medical as it was in general politics, and from the extreme views of educated partisans, a passage might be found by which they might steer safely between Scylla and Charybdis. Changes were going on, some insensibly, some palpably, which were altogether apart from political causes, but which were exerting an influence on medical and surgical practice. Among such changes was the increasing tendency to split up the Profession into special practices. Now, this tendency had not its origin so much in the Profession as it had been caused by the wandering habits and somewhat morbid notions of a large section of the public, the upper and fashionable classes more particularly, who fostered, and he might say insisted upon, the system, by their constant searching after those who are famous for the cure of certain complaints, never mind how trivial their nature, may be. Now, doubtless, there were a few who might be termed legitimate speculators for organs whose mechanical construction required particular treatment and delicate operation, and which were liable to a variety of accidents and diseases, and numerically to such an extent that the practitioner found in the one field his time and attention fully occupied ; but it was a foolish notion, and pernicious in its bearing on medical science, which prompted the question as to who was individually famous for struggling with a host of complaints and diseases, involving the liver, lungs, heart, or stomach, colds, coughs, sore-throats, *ad infinitum*, as if a separate order of principle and practice were necessary for each diseased organ and function of the body. There was a distinction too often made between practical and theoretical minds. Minds truly thoughtful and speculative were of the greatest value in contributing towards the elucidation of truth, and to such minds they owed some of the grandest and most useful discoveries in medical as well as other sciences. In medical science there should be no distinction as to the theoretical and the practical, for theory and practice should go hand in hand, assisting one another. The acquisition of a practical knowledge of their Profession was as indispensable as was the acquaintance of the engineer, architect, painter, or sculptor with all the practical details and elements of his art—mechanics, construction, strength of material, expansion and contraction, manipulation, colour, form, and such like—and the practical acquaintance with the arts of medicine and surgery, together with the mechanical part of the practice of surgery, such as the uses and application of bandages, splints, and various apparatus and contrivances which in practice were constantly required, should be mastered with as much care and pains as the mechanist learns the constructive elements of his art, or the engineer and architect the knowledge which they must possess of the materials required for the purposes of their respective works. The lecturer urged the students to lay the foundation of their knowledge, and passed a high eulogium on Dr. Lionel Beale, the Professor of Anatomy in King's College. The public had to thank him for many improvements in the microscope, and for many valuable hints he had published in reference to the use of that instrument. Having referred to various writers on surgery and chemistry, whose works he recommended, Professor Cartwright proceeded to say :—"Before I have done with this part of my subject, which speaks of the lectures of others, I must beg to detain you while I say a few words about myself and my subject, which, although not one recognised as a necessary part of the general medical curriculum, is notwithstanding one of no small amount of importance, and the possession of some knowledge of it is of no little use to students and practitioners. Some years ago I delivered here a course of lectures 'On Dental Surgery,' but I was not at that time connected with the College as a teacher. Owing, however, to comparatively recent arrangements adopted by the Council of the College of Surgeons, by which a certificate of competency to practise, the result of examination, has been granted to students for dental practice, it was thought desirable by the Council of King's College to institute a Chair of Dental Surgery, and I had the honour to be made the Professor. The object of the appointment was to carry out the designs of the College of Surgeons, which have regard to the systematic and better education of those who in future intend to practise as dentists, and to afford to such pupils as may be desirous of doing so the opportunity of acquiring a general knowledge of the principles and practice of that special department. To carry out the views of the Council a scheme of lectures has been arranged, and in order to afford a practical acquaintance with the operative part of the subject it is arranged that in the out-patients' department the necessary practice shall be carried on. The recognition by the College of Surgeons of the dental practitioners was justified by the circumstances and condition of the Dental Profession, which, though necessarily a speciality, is undoubtedly a branch of medical science, and had been adopted by many members of the

College of Surgeons and other chartered medical bodies, but was carried on in the main by unqualified practitioners, and in too many instances by persons of little character and still less education. By recognising the justice of and acceding to the representations made to them by certain members of the profession, who deeply felt the anomalous position they were in, and the unsatisfactory state of this Profession, the College of Surgeons effected a great good, not only to the Profession but the public; and however much some may cavil at the proceedings, I am satisfied that in a few years the improvement in the educational acquirements, and the increased respectability of the community of practitioners in dentistry, will satisfy all who can reasonably be satisfied hat the measure was a wise and liberal one, and one which neither the College of Surgeons nor its members will have reason to regret. The systematic education of students who intend undertaking dental practice will oblige those who may object to the measure to improve themselves, or else they will be left behind, and young practitioners will take their places. No body of men can expect now-a-days to command respect, or to be looked upon as gentlemen, who are not by education on a par with other sections of the community. A higher and more enlarged system of education, together with competitive examinations, are producing great changes in all grades and phases of society, and men who intend to do anything in life—ay, even to live—cannot, in this special branch more than in any other, afford to let their energies lie dormant. The battle of life is a harder and a sterner one to fight than it was some fifty and more years ago. Competition is greater in every calling, and occupation and the competition of intellect make the gaol at which ambition aims difficult to reach. A hard matter it is to struggle to the surface of professional celebrity in any department, and having attained to it, the utmost energy is required to maintain the position. Hitherto," continued Mr Cartwright, "my professor's toga has hung but idly, for the subject on which I profess to teach has not been much sought after here, and special institutions take the candidates for dental practice; but I am certain that a fair acquaintance with the principles and practice of dental surgery will be of use to many of you, and more particularly to those who meditate naval, military, or other appointments in India or the colonies. Former students have told me on their return from abroad that they have found reason to regret that they omitted when students to make themselves conversant with dental operations." The Professor cautioned the students against overtasking their powers, and thus running the risk of enfeebling, if not destroying, both mind and body There were men, however, who were the reverse of this, who were always intending to begin work. Those were the people who lounged away their time, who were swaggering in their gait and fast in their dress, who imagined in the vacancy of their mental perceptions that the cigar divan, the billiard-room, the music hall, and the casino were the right thing, and who eschewed all intellectual employment as the occupation of soft men and slow coaches. London was the arena of many an innocent pleasure and healthful recreation: it was also the scene of gilded, false, and transient would-be pleasures, and soul and body destroyers, falsely called enjoyments. Let them avoid the latter as they valued their peace of mind, health of body, and good reputation, and with averted heads pass by the haunts where vice and folly passed for pleasure and recreation, for they might depend upon it that the amusements which made labour sweet were not to be found in such guises or habitations. "It is," said Professor Cartwright, "our mission to maintain and increase our store of knowledge for our own good and for the benefit of our fellow-men. In the endeavour to fathom the secret and mysterious phenomena which impart life, vitality, and animation to all around us, and a comprehension of inanimate things which lie above, beneath, and around us, we are wending our way nearer to Him whose wisdom fashioned and arranged them all so perfectly as no human artificer ever fashioned anything. But when the day shall arrive when the hidden secret shall be revealed—and it may be long ere such a revelation is permitted man—will the harmonious simplicity which may probably be found to govern animate and inanimate creation cause a doubt as to the majestic nature of the design or the divinity of the designer? I cannot conceive a reason why the inquiry into natural laws, and the endeavour to reconcile to our understanding things at present difficult or impossible of explanation, should tempt any one for a moment to doubt fundamental truths which, having been handed down to us from age to age for ages, and which our instincts tell us must be true, and which alone can form the bulwarks which insure our happiness here and give us hope for that which is to be hereafter. It can in no way improve or conduce to social happiness or the world's benefit to allow hasty theories or metaphysical speculations which mark some modern investigations into the periods of the world's existence, or pre-historic evidences of the origin of men and animals, to disturb our religious faith or to bring down the majesty of the Most High to the level of the notions of this earth. Doubts, indifference, callousness, or total disregard or disbelief, will not be likely to make men better or tend to the fostering those qualities which from the highest sense make us do and act well towards one another. Let us all use the intellects God has given us to investigate to the utmost His works, for that is our province and our duty—a duty we owe Him—and in our sphere of science one we owe to suffering humanity. But let me warn you never to be carried off your balance by any false notions and subtle doctrines, for they have surged to the surface periodically for centuries past, and been often proved and condemned as worthless; or in an over-estimate of talent and eager search into material science be tempted to lay aside belief or ignore religious responsibility, but ever remember that the one properly estimated will conduct nearer to the other; and let us one and all bear in our mind the significance attached to the three words which, in a little sentence, convey so much meaning, and which constitutes the college motto, '*Sancte et sapienter.*'"

ST. MARY'S, PADDINGTON.

Mr. Toynbee, F.R.S., delivered the inaugural address at this Hospital, the subject selected by him being the philosophy of disease, or, as he preferred to term it, the signification of disease; and with the view of illustrating the subject he proposed the following question:—"What purpose does disease answer on the great scheme of nature?" He said he proposed to attempt an answer to this question, feeble and incomplete as he knew such an attempt must be in an ordinary lecture. Disease, as the word implied, indicated an absence of ease—of that feeling of pleasure which was attendant upon health; and then came the question, Why is this absence of ease, and why does disease visit man? He then proceeded to inquire how diseases originated, and, assuming that they did not arise without a cause, he wished to ascertain what that cause was. He thought that there was one circumstance common to all cases of disease, however various or utterly unlike they might be, all implying a previous influence operating upon the body, disarranging its natural condition, and all implying some antecedent injury. He argued with Hunter and others that disease had a different object from that of destroying life, and that there was a more satisfactory course to be pursued with respect to it than treating it merely as an enemy to be subdued and stopped. The lecturer then proceeded to explain in detail the various forms of disease which had come under his own observation, and which illustrated certain phases of cure, and all of which were of a highly interesting character. He contended that the just interpretation of all this was, that in disease nature was always attempting to remedy an injury; that sometimes without, but often with, the aid of art her purpose was accomplished. Sometimes the injury was too great to be remedied even by nature and art combined, and life was lost in the contest. After devoting some time to this subject, the lecturer urged that it was unwise to attempt to cure a disease without first seeking to ascertain and

remove the injury, for the repair of which the disease existed. On this point, Mr. Toynbee offered some very valuable suggestions, mentioning, among other subjects, that he was disposed to regard an ordinary cold, not as a scourge, but as a remedial agent. Thus a blast of cold air produced an "unnatural impression," an injury upon the drum of the ear, of a person heated and fatigued by violent exercise; and the inflammation and catarrh which followed were the result of the local injury. The lecturer proceeded to show by many instances that disease and injury always stood to each other in the relation of effect and cause. Assuming it, then, to be granted that disease was the consequence of an injury, the question before them was—What is to be the end, the aim, of the disease which was thus induced? Could the object be to add further injury? This question was answered in the affirmative by some, who held that disease added to the injury, in order to destroy the life of the injured. They recognised in it, at least in its progressive stages, a process essentially destructive. He thought it must be manifest to every medical man that, in many instances at least, disease, instead of increasing, in reality repaired the injury from which it arose. A cough obviously often served to remove the injury which caused it. The lecturer then proceeded to explain in detail the various forms of disease which had come under his own observation, and which illustrated certain phases of cure, all of which were of a highly interesting character. He contended that the just interpretation of all this was, that in disease Nature was always attempting to remedy an injury, but sometimes without, but often with, the aid of art her purpose was accomplished. Sometimes the injury was too great to be remedied even by Nature and art combined, and life was lost in the contest. The lecture was listened to throughout with marked attention, containing, as it did, most valuable suggestions on the nature and treatment of disease; and at its close a conversazione was held which was very numerously attended.

THE LONDON HOSPITAL.

On Monday, Oct. 3, Dr. Langdon Down, Assistant-Physician to the Hospital, delivered the Introductory Address He remarked that they were that day inaugurating the Seventieth Session of the London Hospital College, and dwelt on the advantages which resulted from the connection of the Hospital with a Medical school—that it provided a vast amount of gratuitous service from the pupils in the College, while the presence of intelligent students of medicine and surgery in the waiting-halls and wards of the hospital was a constant influence for good; that each member of the staff felt himself surrounded by active and thoughtful minds; that all his doings must be such as to bear the most careful criticism, and that he must be prepared to give an intelligent reply as to the reasons of the treatment he prescribes and the principles he enforces; that he had every stimulus to compel him to keep in the vanguard of medical progress to reason clearly, and to act judiciously. He pointed out that the interests of science were parallel with those of humanity; that the connection of the Hospital and the school afforded the means for the evolution of scientific truth. Dr. Down referred briefly to the medical politics of the last ten years. He felt that the Medical Act, if carried out in good faith, would tend to raise the status of the Profession, but lamented the conduct of some of the corporations, who were doing all they could to perpetuate mediocrity. He congratulated the Profession that the Royal College of Physicians of London had undertaken the examination of the general practitioner, and that the University of London had added Master in Surgery to the list of her brilliant degrees. Dr. Down then referred to the discussions which had taken place of late years with reference to the Naval Medical Service, the medical treatment of the poor, and the Army Medical Department. He thanked the London daily press for the able manner in which they had enlightened the public on the suicidal policy which is being practised in reference to the Medical Service of the Army, whether in India or that of her Majesty. He felt sure that, under the present arrangements, the accomplished medical student would dismiss from his consideration a department in which the glory of killing eclipses entirely the honour of healing; that the best men would seek for success in civil life, rather than tolerate official insincerity or compromise their self-respect.

Dr. Down then dwelt on the enlargement of the Hospital, which was then progressing, and on the advantages which would follow to the medical school. The unparalleled subscriptions which had poured in were accounted for by the peculiar claims of the locality, the deserved repute of his colleagues, the popularity of the Hospital, and the perfection of its civil management.

He then addressed himself to those who were returning to their studies, and encouraged them to come with earnest hearts to the renewal of the struggle; if in times past they had allowed precious opportunities to pass unregarded, let the future be the compensation of the past. If zealous hard hitherto been their work and increased tension not possible, their season of rest had been a joyous one, because it had been nobly earned. They had realised the vantage ground of effort; let not their past success be marred.

He then directed his observations to those who were commencing their academical course that day. On the choice of a profession, had they thoroughly considered the requirements it demands and the sacrifices it claims? Had they, by a process of introspection, well satisfied themselves that they came with holy purpose and high resolve to be true to themselves and to their race, in the exercise of a vocation to which, if they did not bring a loving heart and a vigorous mind, it were better that they came not at all? They were embracing a profession which does not hold out the prospect of unlimited wealth or of political renown. The coronet was not a prize, nor the marshal's bâton a possibility for them; the mitre was not the termination of their career. Yet he congratulated them on their decision. They might readily insure a competency without the risks of mercantile life. Their capital would be knowledge, which no bankruptcy could take away. Their arena would be the chamber of sickness, and their eloquence would be called upon to stay the torrent of human sorrow and mingle in the cadences of human joy. Their clients would rarely present a case in which their honour would be sacrificed in advancing to the rescue. Their battle-fields would be mighty and varied ones. They would need all the sagacity which intrepid exploits require, all the fortitude which daring deeds demand. They would have to stand in the breach unruffled when all around was turmoil, to keep serene their judgment amid scenes of agonising pain and the wanderings of alienated mind. They were embracing a faith which was catholic, a creed which was wide as humanity. They would not be bound down to musty formalities or worn-out dogmas. Progress and truth-seeking would be the articles of their belief and the stimuli of their lives. Their homilies would have to be addressed to the consciences and hearts of men of every variety of creed, and perhaps with no creed at all. Their work would be in the spirit of Him who went about doing good, and of His Heavenly Father, who "sendeth rain upon the just as well as upon the unjust." The opportunity would at times present itself of pointing a moral and enforcing a religious truth, of showing the rightness of virtue and the folly of vice, of teaching in a spirit not self-righteous the "beauty of holiness" and the deformity of sin. Their counsel would be sought in the intricate difficulties of private life. Revelations would be made to them of the frailties as well as the nobleness of humanity. They would at times become the depository of secrets sacred as the whisperings of the confessional. It would be theirs to minister to a mind diseased, and dispel the mists from that bright mirror which ought to reflect the image of divinity. Such being their mission, what during their student period had they to do? How were they to do it?

Dr. Down insisted on the value of preliminary training, and expressed himself as of opinion that no youth destined for the Medical Profession should leave scholastic

work until he had matriculated at the University of London. He dwelt on the importance of giving much of their time to anatomy and chemistry. He traced the mode in which these subjects ramified in the other departments of medical knowledge. Physiology was of essential importance to the right appreciation of disease. Histology, vegetable physiology, and comparative anatomy had each important claims on their regard. The study of systematic botany and systematic zoology cultivated the faculty of observation which was so essential to a practitioner in their art. Materia medica and therapeutics should secure some share of their attention. The more thoroughly they made themselves acquainted with the subjects he had enumerated the more successful would be their efforts in the attainment of what should be their great end, to become successful and cultivated practitioners in medicine and surgery. To be practical should be the culminatory point of their desire, but they should view with suspicion those who are ever throwing doubt on the man of culture, and who were pluming themselves as being "practical men;" they would find that they were those who would dwindle down to the merest routiniers, ignoble workers in a noble calling. He urged them, on the basis he had indicated, to raise a fitting superstructure. The hospital they had selected presented a field for surgery which was perfectly unrivalled. The wards and waiting-halls would afford them the means of becoming accomplished as physicians. Forensic medicine and the diseases of women and children should share much of their attention. He combated the tendency, in the present day, to disregard oral teaching, and gave as the result of his observation, that the gentlemen who despised lectures were usually those who would never reflect credit on the school or profession to which they belonged. His advice was, to read vigorously, but also to attend the dissecting-room, the demonstrations, and lecture-room no less assiduously. Where the professors examine as well as lecture they should never lose the opportunity of being questioned. On the commencement of their studies it was very important that they should have a well-defined aim, and they should take care that they aimed high enough. There were numerous examining bodies—far too numerous, in the lecturer's opinion; and many of them, to their disgrace, had been trying to solve the problem, with how little of this world's knowledge a medical man might set up. Dr. Down advised the students to aim for the degrees of the University of London. They had the undisputed reputation of occupying the highest position in the United Kingdom. If they obtained them, they would have titles that would never cause them to shudder lest their source should be discovered. They were degrees which, on account of their veritable character, commended themselves to the public and the Profession in a way which made them most desirable objects of their ambition. Succeeding in these, any other qualification they might deem it desirable to obtain would be taken by them as mere bye-play. Dr. Down emphatically insisted that, however important were reading and lectures, they must be subsidiary to their work in the hospital. The out-patients' department would offer them vast fields for diagnostic culture. The receiving-room would supply abundant opportunity for acquiring manipulative skill and ready tact in grave emergencies; while the wards would demand a devotedness which would secure a rich return, and for which nothing could be substituted. But, in the acquisition of knowledge, they should ever cultivate a regard for the feelings of the patients. Their walkings would be amongst the sickened and the sad. They would have to deal with sensitive spirits as well as injured bodies. Their education as medical men was to be valued, inasmuch as it cultivates not one aspect only, but the entire man. It would, therefore, be sadly incomplete if, while storing their minds with knowledge, it failed in educing sympathy with suffering and tenderness to the troubled.

Dr. Down could not inform them of any royal road to medical knowledge. He knew only the step, but well-trodden one, of earnest and persistent work. Their mountain journey would be aided by guides at every pass—guides who had made successful ascents themselves, and who had not lost sympathy with new adventurers whose aims were high but whose courage faltered.

These guides were conscious of dangers of which they would in all earnestness warn them: they recollected some whose ascent was not a success; others whose careers ended in disappointment.

The lecturer thus concluded:—"The guides remembered, however, other than doleful tales and miserable failures. They preserved fresh in their memories the names of some of the companions of their own first ascent; of others who, before and since, had scaled the difficulties, and who were now far away from leading strings, making explorations where no human foot had been; who were ascending higher and yet higher with no assistance of chart, for their labour was in order to provide one; who are daily collecting facts and recording observations; who are permeating mankind with their thinkings; who are carving their names in enduring characters, and are spending and being spent for the glory of God and the good of man. Let these animate you. Let the students' life which you commence to-day be a fitting prelude to your work beyond the stage of pupilage and to the higher life hereafter. Let it be characterised by all that is earnest, true, and noble. Let it be honest, despising all seeming in lieu of reality. Let it be gentle, blossoming with kindly acts and genial sympathies. Let it be generous, crediting to the full the goodness of your fellows, and hesitating to sully their fair fame. Let it be brave, meeting trials with fortitude and sharing the burthen of others. Let it be wise, redeeming the time and adding knowledge with increase of days.

I have already furnished you with the formula to aid you in the solution of your problem, the secret that will command success, the talismanic charm which turns everything into gold, the potent spell at which all difficulties vanish: it is earnest and persistent work. Let it be supplemented by a gentle Christian life, and terminate by a peaceful, hopeful death."

UNIVERSITY COLLEGE.

The Session at this College was opened on Monday afternoon by an Introductory Lecture by Professor Quain, F.R.S., in the presence of a large audience, who filled the spacious Botanical Theatre. Instead of devoting his lecture to the usual matters touched upon on such occasion as the present, Mr. Quain selected for his subject the topic of "Medical Education;" and in the course of a very able address, he sketched out the history of Medical teaching from the middle of the last century to the present time, and claimed, not unjustly, considerable credit for the founders and Professors of the College (formerly the University of London) in inaugurating the existing era of Medical knowledge and progress.

We are compelled, however, to postpone an abstract of this and other introductory addresses until next week, when we shall make Mr. Quain's lecture the subject of some special remarks.

Llewellyn Memorial Fund.—At a meeting of the members of the Medical Profession, held in Calcutta, on the 3rd of August, the following resolutions were unanimously carried:—1. That a subscription be raised, in which all medical men on this side of India be requested to join, for the purpose of perpetuating the memory of Mr. David Herbert Llewellyn, the young English surgeon who lately perished on board the ship in which he served, choosing rather to resign his own life than to imperil the safety of wounded men under his care. 2. That a committee be formed for the purpose of carrying out the resolution first proposed in communication with the Profession in India and England, and of taking into consideration the form of expression to be adopted. 2. That the following gentlemen be requested to form themselves into a committee to fulfil the objects of this meeting:—Drs. Gordon, Chevres, Macrae, O'Callaghan, Murphy, Fayrer, Beatson, Ralph Moore, Barry, Waller, Bourne, and Partridge.

PARISIAN MEDICAL NEWS.

TREATMENT OF DISSECTION WOUNDS.

Two pupils of the hospitals of Paris, MM. Coste and Ardouin, have recently died of the effects of dissection wounds, and the life of several other students has been placed in considerable danger from injuries incurred in dissection, or post-mortem examinations. It may, therefore, not be inexpedient to advert to the precautions calculated to avert the evil consequences of a wound apparently unimportant, but inflicted with instruments charged with the poison contained in dead human bodies.

The following is the advice of the late Dr. Jamain, in his 'Elements of Descriptive Anatomy' (1861):—"After a puncture or scratch of this description, the hands should be washed in a large quantity of water, and the wound be made to bleed as copiously as possible, and thoroughly sucked; the injury must then be dressed with diachylon or court plaster. Cauterisation has been recommended as a means of decomposing the poison, but this is an injudicious proceeding, as the lunar caustic cannot penetrate to a sufficient depth to reach the virus, and the subsequent inflammation may, moreover, give rise to distressing symptoms."

The death of M. Coste suggests to the 'Gazette des Hôpitaux' remarks similar to those of Jamain. "When a wound," says the editor of that periodical, "has been inflicted with an instrument or the jagged end of a bone, it should be caused to bleed freely in a stream of water, and afterwards be washed in a mixture of equal parts of alcohol and water.

"We cannot approve of cauterisation.

"The wound should then be dressed with strips of adhesive plaster, and, if any pain supervenes in the course of the day, a poultice should be applied.

"These measures will prevent imbibition, whatever be the nature of the disease which may have caused the death of the subject."

Cauterisation is, therefore, prohibited both by M. Jamain and by the editor of the 'Gazette des Hôpitaux.' A contrary opinion has, however, been adopted by other authors, amongst whom we may name M. Druitt, M. Diday, of Lyons, and Dr. Bole, of Castel-Sarrazin, who adduces in support of the efficacy of the practice the authority of the late Professor Lallemand (of Montpellier). A difference of opinion in a matter of this importance evidently points to the necessity of further inquiry. Meanwhile, we must acknowledge that, although rationally cauterisation seems well calculated to destroy the poison, it can seldom be applied effectually in actual practice, on account of the irregular shape of dissection wounds in general. We agree with the 'Gazette des Hôpitaux' that "hangnails, and punctures around the nails, are the most dangerous of all these injuries, and are seldom accessible to the solid lunar caustic, whereas a liquid might come into contact with every part of the surface of the wounds." Now experience teaches that alcohol, chloride of lime, chlorated water, which M. Nonat has felicitously applied in cases of this kind, and a strong solution of ammonia, are quite as efficient as caustics for the decomposition of the poisonous matter; the former would indeed seem preferable, especially when we reflect that active and immediate cauterisation did not succeed in preserving the life of Dumay and of many others.

LEARNED SOCIETIES.

Academy of Sciences.—M. Dancel, whose researches on the means of reducing obesity we have repeatedly noticed, forwarded to the Academy the particulars of two experiments illustrative of the influence of drinks on the production of fat.

The subjects of the experiments alluded to were two horses belonging to the regiment of the "Garde de Paris" (mounted police).

M. Decroix, veterinary surgeon to the corps, selected for the first experiment a lean horse, whose daily allowance of oats he reduced by three pounds, not making any change in the rations of straw and hay. The trough was kept always filled, so that the animal might drink whenever inclined, a pound of bran being mixed with the water. On the 22nd of May, when the experiment began, the horse weighed 512 kilogrammes (1,024 lbs.). On the 5th of June, the horse weighed 520 kilogrammes, and 630 on the 17th of the same month, having thus gained 18 kilogrammes, or 36 pounds, in twenty-seven days. The pound of bran daily added to the water was not equivalent to the three pounds of oats omitted in the animal's diet, and yet a considerable increase of weight was observed.

An enormously fat mare also belongs to the same regiment. She panted when ridden, and, like all obese subjects, perspired after the slightest exertion. Her excrements were also of softer consistency than is usual, and she drank copiously—not less than fifteen gallons of water daily. The non-commissioned officer who rides her was instructed to reduce her water to four gallons a day, and she has since much lost in bulk, and her motions are more solid. She has, in addition, acquired strength, and goes through her duties without the least indication of distress.

These experiments entirely confirm the opinion often expressed by M. Dancel, that obesity cannot effectually be reduced unless the patient greatly reduces the quantity of fluid he is in the habit of consuming.

Mr. Decaisne's paper on the narcotic effect of tobacco on the heart is now followed by another communication on the same subject by M. Namias.

A few months since a smuggler, for the purpose of defrauding the Custom-house of its dues, wrapped tobacco around his person beneath his shirt. Symptoms of poisoning supervened, which yielded to the exhibition of alcohol and laudanum, the special antidote of the solaneæ. In this instance M. Namias noticed the intermittent action of the heart mentioned by Dr. Decaisne.

Dr. Guyon forwarded a scientific explanation of the sanguineous perspiration to which Sylla is said to have been liable, and which in later times is reported to have occurred in the last hours of the life of King Charles IX. In a short notice on the subject, the author states that exudation of blood from the skin was observed in yellow fever in the earlier French settlements in the West Indies, at St. Kit's in 1627, and in 1635 at Martinico and Guadaloupe, and that the same phenomenon has since occurred wherever yellow fever has been prevalent. On close examination of the skin of persons suffering from this disease, M. Guyon has been enabled to discover, with a magnifying glass, numerous alterations of the integument such as pustular and vesicular eruptions, and slight and barely perceptible excoriations, due to the unhealthy state of the system, and allowing of the escape of blood in the same manner as blistered surfaces, leech-bites, and mucous membranes, in persons labouring under a hæmorrhagic diathesis. Hence the phenomenon alluded to is utterly unconnected with the sudoriparous glands, and is merely referable to hæmorrhage arising from an impoverished and morbid condition of the system.

M. Bazin describes four modes of propagation of favus and tinea—viz., immediate contact, indirect contagion, inoculation, and *propagation from the tainted atmosphere*. Experience and observation have fully confirmed the accuracy of these views with regard to the first three modes of transmission, but the fourth has not yet received practical demonstration. M. Jules Lemaire has now supplied the desideratum. This gentleman read, at a recent meeting of the Institute, a paper in which he shows that if the hair and scurf from the scalp of a person affected with favus is stirred, the air conveys to considerable distances minute particles of the favus, visible to the naked eye, and in which the microscope reveals the presence of the *achorion*. This fact satisfactorily accounts for the development of what has been termed spontaneous favus; but this discovery in the air, of germs calculated to reproduce the disease in which they have originated, has far greater import if applied to the history of contagious affections in general.—'Journal of Practical Medicine and Surgery'

Sunderland Fever Dens.—A number of persons living in Sunderland have been prosecuted for overcrowding their dwellings. The magistrates have ordered an abatement of the nuisance in every instance.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 5, 1864.

ADDRESS TO STUDENTS.

The commencement of another Session at the London Schools of Medicine reminds us of the necessity of addressing a few words of instruction and encouragement to those who are now about to enter in earnest upon a Medical career. Trite as the subject may be to ourselves, and often as we may have expatiated upon the same theme, we cannot forget that it is altogether new to hundreds of the rising members of our Profession, who will necessarily expect at our hands some observations upon the recurrence of a season which opens to us only the reminiscences of the past, but is to them radiant with pleasurable feelings, not unmingled, perhaps, with misgivings. The prospect, indeed, is not a very bright one, if viewed by the light of experience; and many of the trials and vicissitudes of a medical man's career are sufficient, in their recital, to sadden the heart and discourage the efforts of the aspirant; but still the elasticity of youth is an antidote against despondency, and hope, although it may hereafter prove fallacious, gilds the future with such rosy colours, as to arm with resolution the young warrior just going forth into the "battle of life," and to buoy him up against the inevitable obstacles which will present themselves before his path.

If, then, we would say to each Medical alumnus, you have chosen Medicine as your future profession, we commend your resolution, because it indicates an honourable ambition to succeed in a career which has two great objects in view—namely, the acquisition of knowledge, and the benefit of your fellow-creatures. The paths which will lead you to the threshold of the temple of Medicine are rugged, though not altogether unadorned with flowers; and when you enter into the temple itself, a wide scene of beneficent activity will present itself to your view. The position you will gain will be all the more gratifying to your feelings in proportion to the labour you have devoted to obtaining it, and the very difficulties and obstacles in your course will become in after times sources of pleasing recollections.

By a very judicious provision of the authorities which preside over Medical education, the entrance to a Medical School must be preceded by an examination in General Literature and Science, the effect of which is of twofold advantage—first, by duly preparing the mind for the reception of the facts and the doctrines which constitute the art and science of Medicine; and, secondly, by dispensing with the necessity of learning, during the strictly Medical course, a mass of preliminary subjects which should be acquired before its commencement. By possessing a fair knowledge of the classical and the modern languages you will be enabled to understand the terms used in Medicine, and the books in which many medical treatises are written; and by a competent acquaintance with mathematics you will be enabled to reason accurately upon the questions submitted to your notice; and, moreover, by being conversant with the properties of numbers, and with weights and measurements, you will be prepared to estimate exactly the changes produced by disease, or the forces or agencies employed in counteracting its effects.

Your first duty, on commencing your studies at a Medical School, is to attend the Lectures on Anatomy, Physiology, and Chemistry; and here we would warn you not to be led astray by the arguments of those who would dissuade or discourage you from so doing, on the ground that you can learn more in your own room than from the discourses of the Professor. If lectures were, indeed, what the word literally implies—namely, *readings*—and if modern lecturers were in the habit of giving out year after year the same prosy addresses from a musty manuscript to a number of drowsy hearers, there might be some force in the objections raised against this method of instruction. But modern lectures really save the student a great amount of trouble which he must otherwise undergo; and instead of mere languid readings, they consist (especially in the case of anatomy, chemistry, materia medica, botany, comparative anatomy, and other courses) of demonstrations of objects and structures, either presented in their natural condition before the student's eyes, or exhibited in magnified drawings, or under the powers of the microscope. The lecturer also condenses and arranges his subjects in the most convenient form for their ready apprehension, and will always be ready and willing to assist the student by pointing out the best books to consult or the order in which they ought to be read. We say, therefore, emphatically and advisedly, especially to the tyro commencing his studies, Do not neglect your lectures; attend them regularly and punctually; take notes of the remarks you hear, and make diagrams, however rude, of the objects you see; and, above all things, when the lecturer proposes to examine his class, express your readiness, and, indeed, eagerness, to submit to this ordeal. Lecturers have been often blamed for the neglect of this most necessary duty, but we believe the fault lies rather with the students than with the teachers.

You must not, however, suppose that a mere attendance on lectures will make you acquainted with science; the lectures are merely a means to an end, and their object is to point out to you the method of studying for yourself. You must, therefore, every day diligently read over the notes you have made, correct and polish the rough diagrams you have sketched out, and consult the books which you have been recommended to peruse. At the same time, you must take every opportunity of making yourself thoroughly acquainted with practical anatomy in the dissecting-room, and the relative position of the parts must be as firmly impressed upon your mind as their names and their uses; for in actual practice you will find many varieties, both in the constitution of bodies and in the arrangement of individual structures, which no book learning can impart, and with which practice alone can render you familiar. With regard to practical Medicine and Surgery during your first session, they are neither to be too eagerly followed nor avoided altogether; a general observation of such forms of disease

or accident as may be presented to your notice will prepare your mind for the subsequent study of Pathology: but a steady application to anatomy and chemistry is the best employment for the first winter session.

If you are a good anatomist and chemist, the subsequent steps of your career are easy enough. Physiology, animal and vegetable, the classification of plants and animals and minerals, the nature and uses of drugs, will all then be readily grasped by the mind, and the study of any or all these subjects will become a pleasure rather than a toil; and when you leave your Medical school at the end of the session, every hedge and every meadow will be full of objects with which you are or with which you wish to be familiar, every rock will reveal to you its chemical composition or its genealogy, and every stream and every grove will be replete with living forms to which your studies have introduced you.

Supposing that you have thus made good use of your time during your first year, your second and succeeding years will bring you more and more closely into contact with the living human bodies which are the subjects of disease, and on which the remedial powers of Medicine and Surgery are to be essayed. The acquaintance you have gained with the anatomy of the human frame will enable you to appreciate its morbid conditions, your knowledge of chemistry and the microscope will reveal to you changes inappreciable by the ordinary use of the senses, and your knowledge of natural history and pharmacy will guide you rightly in advising or preparing appropriate remedies. But in now addressing first year's students we say again—Begin well; for on the result of your first year's studies will the question depend, whether you are to become a skilful practitioner of your Profession in after years.

SUMMARY OF THE WEEK.

THE TRIAL OF DR. GOSS FOR MANSLAUGHTER.

We should be guilty of a dereliction of duty if we did not advert in terms of indignation to the proceedings lately instituted against Dr. Goss, a highly respectable member of our Profession, whose trial for alleged manslaughter we briefly recorded in our Journal of last week. It appears that this gentleman was engaged to attend the wife of a coffee-house keeper in the Borough, and, being summoned to her house, found the labour a tedious one, and not, therefore, requiring constant attendance. On the last visit which he made some offensive expressions were used towards him, and he therefore resigned the case; and the patient's friends then called in Mr. Llewellyn, of Blackman street, in the Borough, who, when he arrived, found an arm presenting, and sent for the assistance of Dr. Gervis, the Assistant Obstetric Physician of St. Thomas's Hospital, who turned the child. The mother went on well for some days, but peritonitis set in afterwards, and she died fifteen days after delivery. It is hardly credible that Dr. Goss should be charged, under such circumstances, with having caused the death of the patient; but such a charge was actually made against him, and a coroner's jury returned a verdict of "Manslaughter through neglect." At the trial at the Central Criminal Court, the evidence, as may well be supposed, was found totally insufficient to sustain the charge, and a verdict of "Not guilty" was returned. To this brief account we deeply regret to add that we cannot acquit Mr. Llewellyn and Dr. Gervis of a want of consideration to say the least, for the professional reputation of Dr. Goss, for without their evidence, in the first instance, it is difficult to see how the proceedings could have been instituted at all. Some other particulars which have transpired in relation to this case indicate in a still more forcible manner the injustice with which Dr. Goss has been treated. It seems that he was not even informed that a coroner's inquest was to be held until within an hour and a half of its sitting, and when he was, of course, totally unable to defend himself. It seems, also, that a post-mortem examination of the patient's body was made by Mr. Llewellyn and Dr. Gervis, without any communication being made to Dr. Goss. We abstain from further comments on this case at present, in the hope that the two former gentlemen will offer some explanation of the part they have taken in the late most unfortunate proceeding, in which Dr. Goss has been held up in a most painful position before the public.

THE GRIFFIN TESTIMONIAL FUND.

We willingly accede to the request of Dr. Fowler, to announce in the most prominent manner the intention of soon closing the above fund, and the proposition to invite Mr. Griffin, in the course of a few weeks, to the Freemasons' Tavern, in order to present to him the sum collected. It is requested that all those who have signified their intention to subscribe will at once remit their subscriptions to Dr. Fowler. We observe that the amount already promised or subscribed does not yet reach 70*l.*, but surely it is not too late to hope that this sum will at least be doubled before the fund is finally closed.

MAGISTERIAL DECISIONS ON THE MEDICAL ACT.

In our last number we published, under the head of "Legal Intelligence," some proceedings under the Medical Act against persons professing themselves to be members of the Medical Profession; and we also published some comments on the apparent inconsistency of two magisterial decisions, which were in direct variance with each other. In fact, Mr. Tyrwhitt last week inflicted a fine of 20*l.* upon a person calling himself a surgeon-chiropodist, and very ably explained the decision at which he had arrived; while another magistrate in another court, Mr. Paget, dismissed a summons against a person styling himself surgeon, dentist, and chemist, but who, it appeared, possessed no medical qualification. Inconsistent as these two decisions appear to be with one another, the absurdity is infinitely increased this week, when we find that the magistrates have both turned round in their opinions in what mathematicians would call an inverse ratio; for, on a re-hearing of each case, Mr. Tyrwhitt has remitted the penalty which he himself imposed on the surgeon-chiropodist, while Mr. Paget has

decided against the so-called surgeon, dentist, and chemist, declaring that the latter has committed a breach of the law. So much for magisterial wisdom, which to non-legal minds appears very like folly. Both magistrates, as we understand, refused to grant a case, as it is called, by which the matters in question might be referred to a superior court; and thus the Profession and the public are still left in the dark as to what does or does not constitute illegal practice, and are also left to ask the question, whether the brains of magistrates are any clearer than those of other people?

DR. ALDIS ON LONDON NOISES DISTURBING SLEEP.

Dr. Aldis has lately published a pamphlet with the above title, and he points out a series of nuisances which, although not coming within the ordinary scope of the duties performed by a Medical Officer of Health, are eminently calculated to cause discomfort to the public. Among such noises may be enumerated the crowing of cocks, the barking of dogs, and the kicking of horses, which are very commonly heard by many inhabitants of London, and which often prevent sleep and interfere with the treatment of disease. A case is related in Dr. Aldis's pamphlet, showing that a conviction was obtained (although not in London) by a gentleman who complained of his rest being disturbed by the crowing of a neighbour's cock; so that it appears the evil is not without a remedy. Now that Mr. Bass has put down the nuisance of the organ-grinders, it is time to suppress the other noises to which Dr. Aldis alludes; and the public are much indebted to the latter gentleman for his opportune pamphlet on the subject.

ASSUMPTION OF MEDICAL TITLES.

Dr. Henry Scott, a highly respectable physician practising in Upper Woburn place, writes to a contemporary complaining that both his name and title are assumed by another person, who prefixes them to a vile pamphlet which is sent round marked "To ladies only," and which, not unnaturally, is supposed by many of the public to emanate from the Dr. Henry Scott above alluded to. The law, it appears, has hitherto been powerless in protecting Dr. Scott from this fraudulent use of his name, but a *case* has been granted, by which the matter will be referred to a higher tribunal than that of a police-magistrate. One of the worst features in this affair is, that the pamphlet "On Female Obstructions" has been advertised daily in several of the penny papers, notwithstanding repeated requests to discontinue the advertisement on the part of the gentleman whose name and title are thus assumed. A few days ago, a person was summoned before the Marylebone Police-court for the assumption referred to, but came off triumphant, several of the penny papers recording the triumph in prominent type, and certainly giving the impression that the accused was a most deeply-injured individual. The chief supporters of indecent advertisements are the penny papers, and the filthy announcements which they contain are a disgrace to the laws of our country.

Richmond Hospital, Dublin.—Additional wards to accommodate forty patients are about to be added to this hospital.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. S. H. Ward, Physician to the Dreadnought Hospital-Ship, contributes a clinical lecture "On Intermittent Fever," which is very frequently observed among the patients received on board that vessel. The common type of the fever in the cases recorded was the tertian, and the onset of the paroxysm occurred at nearly all hours of the day and night, the period of from eleven p.m. to two a.m. being free from them. The plan of treatment consisted in giving a dose of calomel, followed by a purgative, where there was much gastric derangement, and then administering a full dose of quinine about three hours before the expected occurrence of the paroxysm. Dr. Ward has tried the solution of arsenite of potash as a substitute for quinine, but has found it inferior in efficacy; and he also believes that quinine exercises a prophylactic power against the recurrence of ague in cases where a relapse is to be dreaded.——Mr. T. Pridgin Teale, jun., communicates a paper "On the Extraction of Soft Cataract by Suction," which he proposes to effect by means of a fine tube introduced through a linear aperture made in cases where the cataract is of liquid consistence. Mr. Teale describes the instruments he employs (which are made by Weiss) and the mode of using them. The principle of extracting cataracts by suction is not new, but hitherto the proceeding has been unsuccessful; and Mr. Teale believes that the plan he now proposes, and which he illustrates by seven successful cases, is worthy of being tried by ophthalmic surgeons.——Mr. John Hunter, of Manchester, contributes a short paper "On the Inspiration of Vapour (Steam) in certain Lesions of the Breathing Apparatus," and he considers the plan applicable in many cases of bronchitis and phthisis.——Mr. O. Foster relates "Two Cases of Recovery from Acute Traumatic Tetanus," the remedies employed being small doses of acetate of morphia, with castor-oil and spirits of turpentine; and in one of the cases chloroform was also used.——Mr. John J Skegg relates "A Case of Acute Choroiditis, ending in Blindness, treated successfully by Division of the Ciliary Muscle."

'MEDICAL TIMES AND GAZETTE.'

Under the head of "Original Lectures," Professor Laycock, of the Royal Infirmary, Edinburgh, contributes a lecture "On Exophthalmos, Graves' or Basedow's Disease; and on so-called Anæmic Pulsations and Palpitations." The author entertains no doubt that a more extended knowledge of the actions of the sympathetic and vaso-motor system of nerves will greatly modify the theories and practice of Medicine. The term "Graves' disease" was applied by Trousseau to certain lesions described by Dr. Graves, and remarked by him as always existing together; the lesions are—exophthalmos or prominence of the eye-balls, enlargement of the thyroid body, with pulsation and purring thrill in its arteries, and cardiac murmur. This, "the triple disease" of the Irish physician, has, in Germany, the name of Basedow associated with it, since

the time that it was particularly described by him. The Irish School maintains that the affection is essentially nervous; while in Germany the opinion prevails that it proceeds from anæmia, and is in close alliance with chlorosis. In France, there is a difference of opinion as to its exact nature. Professor Laycock agrees with the views of the Irish School. A thorough understanding of the disease is absolutely essential to its proper treatment. The first case adduced by the Professor is one of vascular bronchocele, with exophthalmos and palpitations following upon a fright; and at the same time acute neuralgia, but no anæmia. Case II. was one of exophthalmos and vascular bronchocele, with palpitations and neuralgia, aggravated paroxysmally; no anæmia. Ice and galvanism applied to the enlarged thyroid had the effect of reducing its size. The effect of anæmia upon the heart and large vessels is next discussed, and a case is brought forward in which, by the administration of tincture of ergot and tincture of iron, anæmia, from excessive losses of blood, owing to the presence of a uterine fibroid tumour, was almost altogether cured, and the patient restored to comparative health. Anæmic murmurs and palpitation are stated to be almost exclusively found to occur in the female sex, which is supposed to have some idiosyncrasy of constitution that strongly predisposes to the lesion under consideration. This, the triple disease, is very frequently concomitant with utero-ovarian disease. The nature and causes of Graves' disease are next investigated. Inorganic murmurs are said to be almost peculiar to women; none of the lesions just mentioned are, however, met with in old women; indeed, they are closely connected with the procreative period of life, and with the utero-ovarian functions. The thyroid enlarges during menstruation and pregnancy; sometimes so much so as to be attended with danger to life, or to be even fatal. The inferences to be drawn from experience are, that excitable women in whom the generative organs are in activity are predisposed to Graves' disease, and that excitable states of mind are actual excitants. An inquiry is next made into the spinal seats of Graves' disease, and the oculo-spinal region is supposed to be the one at fault The relation of the pupils to the heart and large vessels is then treated, and on this supervene the origin of the exophthalmos, the state of the eyelids, and their pigmentation. ——Mr. Tyrrell, of Dublin, contributes a paper "On the Treatment of Tetanus by the Local Application of Tobacco." It is proposed, in the case of traumatic tetanus, to apply to the wound a solution of nicotine of known strength, or else the tobacco stupes; when the disease assumes the idiopathic form the remedy should be applied along the spine after the cuticle has been removed by a blister. In the case brought forward, there was merely a scratch upon the nose; tetanus set in, and most extreme depression supervened. Mr. Tyrrell had the skin removed from the whole of the nose and for about twelve square inches of the back; and to these he applied a strong solution of Cavendish tobacco (℥j. to ℥xx. of water) by means of spongiopiline. Opium and morphia were likewise administered both by the mouth and by the rectum. The patient recovered.——Dr. Young publishes a "Remarkable Case of Cardiac Disease," which was restored to health by the use of digitalis and squill, alternately with tincture of the perchloride of iron and the Virginian prune.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 170.)

The Causes, Diagnosis, and Treatment.

Inertia of the Uterus.—In our large towns, a temporary paralysis of the muscular structure of the uterus forms an important and common cause of flooding after labour. The hæmorrhage is sometimes most difficult to arrest, not only on account of the uterus obstinately refusing to contract under the application of remedies, but also because secondary causes are often mixed up with the inertia; for instance, clots are very liable to collect and distend the cavity of the flaccid uterus, and tend to keep up the flooding after the inertia has been overcome. Inertia of the uterus may be due to a general atonic state of the system; fatty degeneration of portions of the uterine muscular tissue; over-distension of the uterus by twins or liquor amnii; exhaustion from a lingering or instrumental labour; artificial delivery between, instead of during uterine contraction in footling cases, or after the birth of the head of the child; or the hasty detachment and removal of the placenta while the action of the uterus is suspended. Some of the worst cases of hæmorrhage from inertia are met with in those patients who flood after every confinement. The constitution of these women is essentially atonic. All the muscles are weak and flabby, and the other tissues are in a state of undue relaxation. Fortunately, "flooders," as such patients are called, are not very common. Many women lose freely after their confinements simply from want of care either on their own part or on that of the medical attendant. I have attended several women who, in all their previous confinements, lost a great deal of blood; but I believe many of these were not true flooders, for, by using the precautions proper to natural cases, hæmorrhage did not occur in any of them. To some of them I gave ergot before the birth of the infant, but not to all.

Diagnosis.—It is extremely easy. The uterus, externally, is felt large, *soft*, and *not tender*. Pressure with the hand may bring on a contraction, but it will be with the greatest difficulty; and when it does occur, it will be weak and of short duration. The patient does not suffer from afterpains. The absence of afterpains and tenderness of the uterus sometimes obscures the diagnosis of other causes of hæmorrhage, if the case should be complicated by two or three—as inertia and disrupted placenta, inertia and retention of membranes, inertia and clots. When the sole cause of the hæmorrhage is disrupted placenta, or retention of the membranes, or clots, the tenderness of the uterus and the afterpains assist materially in simplifying the diagnosis; but if there is inertia of the uterus as well, both those signs will be absent, and we may not be aware of the existence of another cause until, finding other remedies fail, the introduction of the hand is undertaken.

In some cases of hæmorrhage from inertia, the uterus will be noticed in its proper position for a moment; then suddenly it will vanish, and cannot be felt; after a brief interval, a gurgling sound will be heard, a quantity of blood will pour away, and the now contracting uterus may again be detected. The uterus, filling and emptying itself in this way, constitutes a very dangerous form of flooding, as an enormous amount of blood may be lost in a very short space of time.

Treatment.—In a few words, it is the routine treatment recommended in all obstetric works. In fact, the treatment for post-partum hæmorrhage has become routine, on account of the undue prominence which writers on midwifery have given to inertia, at the expense of the other numerous and equally important causes, most of which are merely mentioned by name.

The remedies may be applied in the following order until success is obtained :—Strong pressure on the uterus with both hands ; a dose of ergot as soon as possible, and a second and third dose, repeated, if required, at intervals of ten minutes; cold applied to the uterus by the hands dipped in cold water, or by wet napkins ; cold at the same time applied to the vulva and lower part of the spine by wet napkins with the right hand ; a draught of cold water. In many cases, cold, pressure, and ergot suffice to arrest the hæmorrhage ; if not, the hand may be next introduced into the uterus, and clots, or any other foreign mass, that may be in its cavity, removed, while pressure is applied externally by the right. Very few cases prove rebellious to the introduction of the hand, followed up by pressure and cold. If, however, the flooding should still continue, cold water may be injected into the uterus, and the aorta compressed through the abdominal walls. In obstinate cases of inertia, the pouring of water from a height upon the bare abdomen will be justifiable, and very likely effectual. One of the attendants should be employed from the beginning in trying to rouse up sympathy between the uterus and breast, by compressing the latter or by imitating the act of suckling as already described.

Illustrative Cases.

I.—The following is an interesting example of a true "flooder." When the patient engaged me to attend her, she told me that she had nearly lost her life from flooding after each delivery, and expressed great anxiety as to the result of her approaching confinement. The worst flooding was after the birth of the first child. At her monthly periods the discharge was always copious, and lasted several days ; this fact, taken together with the pale and flabby condition of the skin and muscles, testified in an unmistakable manner of the atonic state of her system. In hopes of improving the health somewhat before her confinement, which she did not expect for three months, I ordered her a compound of alum and sulphate of iron. I also enjoined her to be sure and send for me as soon as labour began. Labour set in about a fortnight before she expected. On arriving at the house, the patient was seen comfortably sitting by the fire, as if she did not expect the labour to be over for hours. The pains were weak and far between, so much so, that she complained of their "not being the pains to do her any good." On making an examination, I found the vagina cool and lax, and the os uteri all but fully dilated. Finding the labour so far advanced, I determined to prepare an infusion of ergot, intending to administer it as soon as ready; but before the nurse could get some boiling water, the patient begged me to come to her, as she thought the child was coming. On examining, it was but too true ; the head was on the perinæum, and the child glided into the world apparently without the slightest effort of the mother. While I was detaching the child, she complained of feeling faint, although there was no loss of blood externally. As soon as the placenta was removed a rush of blood followed, which caused her to faint away immediately. I applied constant pressure and wet napkins to the uterus and vulva, and administered a strong dose of ergot, but without the hæmorrhage being lessened in any material degree. The uterus would contract under pressure for a short time, and then suddenly elude my grasp. I then poured cold water from a height upon the bare abdomen, and it had the good effect of making the uterus contract well and of staying the hæmorrhage. The condition of the patient was, nevertheless, most precarious ; she was not only blanched, but perfectly unconscious ; and on attempting to pour some brandy into her mouth, the jaws were found spasmodically closed. However, she had lost one of her upper incisor teeth, and the brandy, diluted with water, was poured through the aperture. Gradually the pulse returned, and with it consciousness. She asked for water, and was rather restless for a short time, moving from the side to her back and then to the side again. To insure permanent contraction of the uterus, I gave her another dose of ergot. The patient recovered far better than I expected. On the third day, rather strong reaction set in, but it subsided in two or three days by persevering with opiates, stimulants, and strong beef-tea. Except the great debility consequent on such a large loss of blood, her convalescence was from that time uninterrupted.

II.—Mrs. J——, æt. twenty-three, a florid, healthy-looking woman, residing at Bowyer street, Coventry road, was delivered of her second child, after being in labour about eight hours. Ten minutes after the birth of the infant, there was a sudden gush of blood from the vagina. I applied firm pressure to the uterus, but as a free flow of blood continued, I removed the detached placenta by traction, and followed up by pressure, cold, and ergot. However, no benefit accrued ; the blood flowed so fast, that the patient became very soon blanched, although she had naturally very red cheeks and lips. The uterus did not, as in the last case, contract for a moment and then relax so as not to be felt at another ; it kept large and soft, and contracted at very long intervals. I persevered for some time with the free application of cold externally, but the patient's condition only got from bad to worse. Thinking, from the size of the uterus, that there was probably some clots in its cavity, I introduced my hand and removed about two handfuls. After irritating the interior of the uterus with the tips of the fingers for a short time strong contraction set in, and I then removed my hand. No further loss took place. She also made a good recovery.

The blanched appearance of a woman after a very bad flooding is always painful to look at, but I never before noticed it so much as in this case. Prior to delivery, she had unusually red cheeks, and was the picture of health ; whereas now, her face was almost "as white as the driven snow." The contrast was so great, that her mother could not look at her for the first few days without tears coming into the eyes.

BRITISH ASSOCIATION
FOR THE
ADVANCEMENT OF SCIENCE.

(Continued from page 209.)

ON CELLS.

Delivered by J. Thompson Dickson, Esq., F.L.S., of Downing College, Cambridge.

The author adverted to the fact that chemists were making rapid progress in the synthesis of organic materials from inorganic matters, and that some physiologists had endeavoured to show that it was as easy to form cells out of unorganised material as to make organic substances, but from the absence of the life element, he compared such manufactures merely to models.

The starting point of the line of argument for the formation of cells was the assumption "that every true cell must have or must have had life."

A cell, composed of a wall, with fluid and solid contents floating in a medium, and possessed of life, was necessarily subject to the physiological processes of growth and physiological death. Fully developed tissue was built up of such cells, but these cells were in decrepit old age, and therefore their development must be shown, which the author did in a retrograde manner. The cell wall undergoes fatty degeneration and liquifaction, but leaves the nucleus. This nucleus, so to speak, exfoliates, forming a new wall, which wall is, by osmosis, permeated by the fluids of the floating medium, till it reaches the size of the old one. The nucleus has also to grow and maintain its size, or increase so as to enable it to divide into two or more portions, each capable of developing a cell. This is provided for as follows :—The nucleus, being a molecular mass, is permeable by the fluids composing the cell contents, in the same way that a sponge may be saturated with water. The liquid cell contents hold

living molecules in a state fit for assimilation, and present them to all parts of the nucleus, by which they are taken up. This process is carried on with variable rapidity. The new cell wall is often partly developed before the old one is liquified, giving rise to the appearance of cell within cell—termed nucleolus. Nuclei have yet to be shown as capable of being formed into a homogeneous mass of living matter; such a living mass is composed of living molecules; these aggregate together by reason of motions which take place in the mass by virtue of life, favoured by heat and other external causes.

The author next discussed Epigenesis and Evolution, showing both partially true and both in many degrees false, and endeavoured to show, from observations on snails' ova, how the embryonic animal is formed; first, from the formation of a single nucleus, then a cell: a second nucleus would be added, the first during this time undergoing segmentation, and division would restrain the too wide extension of the second, and these in turn would influence the form of extension and arrangement of the third, and so on, till a complete embryogenic form is built up. These cells multiply and develop the germ into a perfect embryo, themselves subsisting on the molecular medium in which they are, till the animal is capable of maintaining its independent existence, forming its own molecular fluid by digesting materials derived from external sources; but the fluid formed by digestion being of low vitality, is only able to provide materials for the sustenance and not for the formation of tissue cells capable of building up a germ. The only material capable of this metamorphosis is that in which the molecules are rendered capable of mutual attraction by impregnation. Impregnation could readily be understood upon the following solution; matter could only be comprehended as isolated in the form of double atoms, as, for example, $\left.\begin{matrix}+H\\-H\end{matrix}\right\}$ = H or hydride of hydrogen; or $\left.\begin{matrix}O\\-O\end{matrix}\right\}$ $\overline{\quad O}$ a double atom of oxygen. On this view an unimpregnated ovule or germ vesicle might be conceived as being composed of molecules, or double atoms of a negative or — character, and might be represented as AA or — molecules; while the contents of the sperm vesicle might be conceived as being composed of molecules of a positive or + character, and might be represented as BB, or + molecules. Upon the contact of the sperminal and germinal vesicles, the contents of the sperminal pass by osmosis into the germinal, the atoms rearrange themselves, and the positive and negative molecules give rise to fertile molecules—

AA, BB, becoming /B, /B.

These fertile living molecules are then in a state capable of aggregation into nuclei, from which a perfect type can be laid down, which future development can build up into a perfect form. The vexed question of life the author left untouched. Life was still unexplained, and known only in effect, it being sufficient for the purpose to see that each individual molecule possessed it.

The author apologised for the crude view he had put forward, expressing a hope that it might be received with forbearance, and further hoped that he might be enabled to build up a structure from the molecules it contained. He thought his view applied throughout both the animal and vegetable kingdoms, and trusted that he might be enabled to lay it again before the British Association at some future meeting.

SANITARY STATISTICS OF CLIFTON.

By J. A. Symonds, M.D., F.R.S.E.

The Registrar-General's quarterly report, last August, had produced a feeling in Clifton very like what would thrill the inmates of a nunnery were they to be told that high authority outside the walls had declared the virtue of their institution to be at no higher a level than that of a penitentiary. The figures of the Registrar-General's report were as plain as the "Mene, mene," on the walls of Babylon, and yet as much in need of interpretation: 24 in 1,000 was the annual rate of mortality in Clifton. The Isle of Wight had only to answer for 15 in 1,000; Newton Abbot, including Torquay, for 16; Cheltenham for 17. "Why," asked the Registrar-General, "is the mortality of Clifton 24 in 1,000?" And the terrible question was asked about Clifton as one of the watering-places. The question would be startling enough to one who had taken only a superficial view of Clifton; and it was still more startling to one who observed how large a proportion of houses must belong to persons in possession of the comforts and luxuries of life, and of the means of preserving health; not less startling to one who knew that a thorough system of public sewerage had been completed, and at no small cost to the community; and most startling of all to those who had been for many years familiar with the diseases of the locality, and who knew that in what was understood by Clifton the watering-place there were no diseases that could be called endemic; that typhoid and typhus fevers were of rarest occurrence, and that, when they occurred, they were of extrinsic origin; that cholera, dysentery, and erysipelas were unknown in their zymotic forms; and that, in short, zymotic diseases, with the exception of measles, scarlatina, and whooping-cough, were rarely met with. But Clifton, in the Registrar-General's Report, meant Clifton the watering-place, together with a very destitute district in the parish, and also with a Poor-law district, including five other sub-districts scattered at considerable intervals over an area of 27,199 acres, in some parts densely crowded with the poorest of houses and inmates. It was true that there was a table in the Registrar's Report (which was not published in the 'Times') which stated the annual rate of mortality in several watering-places, and of Clifton among them, and in which there was inserted the parenthesis in reference to Clifton including a part of Bristol city and Bristol workhouse. The Registrar-General's Clifton was Clifton the name of the Poor-law union. Dr. Symonds proceeded to point out the injustice of estimating the rate of mortality in the Clifton union, and publishing it as the rate of mortality of Clifton the watering-place. The number of deaths in Clifton parish in the whole year of 1863 was exceptionally high, for it was 465. That was at the rate of nearly 21 in 1,000; but in 1862 it was only 365, which, reckoning the population at 22,000, would make a death-rate of only 18 in 1,000. In the year before, the deaths were only 329; and that would give a proportion of the population of only 15 in 1,000. The paper pointed out the character of the various parishes which were included in the parish of Clifton, referring to the crowded nature of the dwellings in the out-parish of St. Philip and St. Jacob, and to the existence in the parish of Stapleton of the Clifton union workhouse, the Bristol workhouse, and the Bristol lunatic asylum; and Dr. Symonds urged that it was unfair to associate the watering-place of Clifton with such districts as those to which he had referred; and that the numerical death-rate of a watering-place should be neither complicated with the mortality in distant rural retreats, nor burthened with that of the sickly suburbs of a crowded city.

ON THE MORTALITY OF BATH.

By R. T. Gore, Esq.

The author said the population of Bath, based on the census of 1861, was 52,000; the mortality for the year ending June 30, 1864, 1,350; the ratio of mortality, 25·714 to 1,000, ranging from 17·28 in the Bathwick districts to 27·09 in the Abbey district. Of the total deaths, there were under 60 years, 41·65 per cent.; from 10 to 60, 29·25; from 10 to 100, 28·82. In the surrounding country districts, the population is 15,808; the ratio of mortality, 20·93—namely, under 10 years, 47·9; from 10 to 60, 22; from 60 to 100, 30. The statement made by the Registrar, as to the high rate of mortality, had had a beneficial effect on the corporation of Bath, in putting them in action as to getting rid of cesspools and other nuisances.

SANITARY STATISTICS OF SALISBURY.

By A. E. Middleton, Esq.

The death-rate of Salisbury in the year 1775 was 30 in 100. After the year 1850, the city was placed under the Public Health Act, and a sum of 27,000*l.* was expended in drainage. For the nine years previous to the drainage, the average death-rate was 27 in 1,000; and for the nine years after the drainage, it was 13 in 1,000, or about one-half. For the Close of Salisbury, the average death-rate for the same period before drainage was 20 in 1,000; and since drainage, 13 in 1,000. Deaths from consumption for seven years before drainage, 286; for seven years since, only 143. For the last year (1863), the deaths from consumption were 11, or 1 in 818 of the population; whilst for the whole kingdom the deaths from consumption were 1 in 376.

LEGAL INTELLIGENCE.

THAMES POLICE-COURT.—September 29.

Mr. Fentiman, a chemist, druggist, and medicine-vendor, of No. 2 Upper East Smithfield, next the Royal Mint, appeared, for the second time, before Mr. Paget, charged by Dr. Wills, a registered medical practitioner, of No. 22 Upper East Smithfield, with having wilfully and falsely pretended to be, and taking and using the name or title of a surgeon, contrary to the 40th section of the Medical Act, by which he had incurred a penalty not exceeding 20*l.*—Mr. Butler Rigby, barrister, instructed by Mr. Robertson, solicitor, again appeared for the prosecution.—The case was fully heard on a former day, and it was proved that the defendant had in his shop bills and advertisements described himself as "Mr. Fentiman, surgeon, dentist, and chemist." Mr. Rigby particularly called attention to the comma after the word "surgeon." It was not "surgeon-dentist," but "surgeon, dentist, and chemist." Mr. Paget, however, thought the case so very much like one decided in the Court of Common Pleas in 1860, where the Court held that the mere fact of a man calling himself a surgeon and not being registered did not constitute an offence under the Act, that he should dismiss the summons. Mr. Rigby, however, asked the magistrate to adjourn the case, which he said was one of great importance to Dr. Wills, whose patients had been led away by the specious advertisements of the defendant. Mr. Paget consented to adjourn the summons, and said if he did not hear of it again he should mark it "dismissed."—Mr. Rigby now advanced new arguments in support of a conviction, and said the 'Law Journal,' which the learned magistrate quoted on a former occasion, did not correctly report the case decided by the judges of the Court of Common Pleas.—Mr. Paget read the report again, and contrasted it with a report of the same case, "Pedgrift v. Justices of Suffolk," in the 'Common Bench Reports.' He said there was a great difference between the two reports. The Common Bench Report made it appear that the judges decided on the ground that there was no evidence to sustain the conviction of the justices.—Mr. Rigby said it clearly was so. There was no decision on the law of the case in "Pedgrift v. the Justices of Suffolk." This was another instance of the inutility of the present system of law reporting. The two reports differed materially.—The defendant, in reply to the charge, said he did not wish to appear as a surgeon, or act as one. He had been in the same neighbourhood practising more years than Dr. Wills had been weeks.—Dr. Wills: I deny it.—The defendant: Say months, then.—Dr. Wills: I have been a member of the Profession and regularly qualified for fourteen years, and my name appears in the 'Medical Register.'—Mr. Paget was of opinion the object of the Legislature in passing the Medical Act was to favour and protect the public. A stranger in London meeting with an accident or being attacked with sudden illness, and seeing the word "surgeon" on a man's door or on his printed bills, might be misled if the person calling himself a surgeon was not one, and be improperly treated. The object of the Legislature was to insure the services of properly-educated medical practitioners to the afflicted.—The defendant said he had received a medical education, but he had not been able to afford the expense of a diploma. He had sent persons accidentally injured, when brought to his shop, to Dr. Wills.—Mr. Paget: You must not prescribe.—The defendant: I will not, sir. I have had the word "surgeon" removed from my bills and advertisements. I will give my security I won't offend again; but I have practised so many years without being interfered with that I did not know I was doing wrong in calling myself "surgeon."—Mr. Paget said he would keep the case still pending; he would not inflict any penalty, on the understanding that the defendant did not offend again, or use any name, title, addition, or description, implying that he was registered under the Act. He adjourned the case for one month.—Mr. Rigby hoped the magistrate would give his decision at once.—Mr. Paget: I decide the defendant is guilty of an offence under the Act of Parliament.—Mr. Rigby said a penalty ought to be inflicted, for a more glaring violation of the law he had never met with.—Mr. Paget: If the defendant is guilty of any further infraction of the law I shall impose a severe penalty.—After some further conversation, the case was adjourned until the 10th of November.

MARYLEBONE.—THE MEDICAL ACT.

The following is the information for a summons laid by Mr. Talley, a solicitor, of Beaconsfield:—"To Dr. Henry Scott, *alias* Henry Hamilton, at 15 Henrietta street, Cavendish square, previously of 17 Adam street, Strand, and previously of Leicester square, in the county of Middlesex, labourer, &c.—Whereas, &c.; for that you did unlawfully, wickedly, and designedly publish in a certain newspaper, dated September 23, of the present year, a certain advertisement in the following words, that is to say,—'To ladies only.—Consult Dr. Scott, personally or by letter, in midwifery, pregnancy, obstructions, disappointments in marriage, and cases peculiar. Has had thirty-one years' London practice. Ladies' Medical Confidant, post free for fourteen stamps.—15 Henrietta street, Cavendish square.'—Thereby holding yourself out, and unlawfully, wilfully, and falsely assuming the rank and pretending to be a physician and general practitioner, implying that you were registered under the Medical Act of 1858, and that you were recognised by law as a duly qualified practitioner and doctor of medicine."—This notice having been read over, Mr. Sleigh, who appeared for the defence, said his client was not guilty of the offence imputed to him.—Mr. Talley seems to have had an altercation with Mr. Sleigh, but to have failed in his evidence or his law, or both; and after a long discussion, in the course of which no witnesses were produced,—Mr. Mansfield: We had better go on, and see if there is any law by which this can be made an offence.—Mr. Sleigh: That will be the proper course to adopt, and I humbly submit that on the point of law there is no case made out for me to answer. The statute was never passed to meet any such case as this. The learned counsel addressed the court, and was quoting cases on behalf of his client, but could not get clearly on through the interruption of Mr. Talley.—Mr. Mansfield: There is no necessity for you to go on any further, Mr. Sleigh. The summons must be dismissed. There is no evidence whatever to show that he practises under the title of a physician or doctor of medicine. Mr. Tilley will have to pay costs.

The Government Commission on the Nature and Treatment of Syphilitic Disease.—The Commission which Lord Clarence Paget announced it to be the intention of the Government to appoint to inquire into the nature and treatment of syphilitic disease is, we believe, likely to commence its inquiry at no distant period. It is stated that Mr. Skey will probably be the President of the Commission.

GENERAL CORRESPONDENCE.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

Sir,—The following subscriptions have been further received on behalf of the above fund—viz.:

	£	s.	d.
Dr. W. O. Markham, Clarges street . .	1	1	0
Dr. George Yeoman, Whitby . . .	0	10	0
Drs. Lobb and Hogg, East London . .	1	1	0
William Williams, Esq., Wareham . .	0	7	0
Charles Willcox, Esq., ditto . . .	0	7	0
Ed. Mercer, Esq., ditto . . .	0	7	0
Amount previously announced . . .	61	3	6
Received at the 'Lancet' Office . . .	3	11	0

I beg to take this opportunity of informing the Poor-law medical officers generally, that at the last committee meeting it was considered advisable that the above fund should be shortly closed. It is probable that the list of subscribers published weekly in the four Medical Journals for the last three months may not have been seen by all who would wish to be thus included as testifying to and appreciating Mr. Griffin's worth.

I would, therefore, *crave a very prominent position* in your next issue, to make this forcible appeal to my Poor-law medical colleagues on behalf of the testimonial fund. I respectfully solicit that all intending subscribers will *at once* remit to me their contributions. We may then have a well-filled purse to present to our champion at the public dinner to which it is intended to invite him in a few weeks time at the Freemasons' Tavern, and of which all subscribers will be notified by printed circular.

Yours obediently,

145 Bishopsgate st. Without, Sept. 26, 1864. Robert Fowler, M.D. Treas. and Hon. Sec.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd September:—William Frederick Butt, Mecklenburgh street, W.C.; James Bunter Colthurst, Carey street, W.C.; Thomas Wilson Corbin, Haringly park, Hornsey; Josiah Wright Matthews, Holgate crescent, York.

The following gentleman also on the same day passed his first examination.:—Rees Llewellyn, London Hospital.

The following gentlemen passed the preliminary examination in Arts on the 23rd and 24th September, and received certificates of proficiency in general education:—George Amsden, London, Isaac Hann, Yeovil, Somerset, William F. Hazel, London, Alfred Hollis, London, Special Certificates. George Amsden, R. H. Barker, John Bately, Reginald Bayley, William Beard, J. R. Bevan, George Biggs, J. R. Blackmore, William Bower, R. N. Broughton, C. K. Bryant, G. W. Burn, John Carr, H. W. Collins, H. D. Crighton, A. E. Currie, Thomas Davies, Edgar Dukes, Wm. Aubrey Essery, T. Walker Evans, T. B. Fairclough, Frederick J. Fiske, C. H. Furnivall, Jonathan Garner, H. C. Gill, James Green, J. P. Grover, A. H. Hackney, Isaac Hann, J. R. Haynes, Wm. F. Hazel, J. Devere Hill, Alfred Hollis, H. Hutchings, W. G. Irving, John Robert Jenkins, Thomas D. Jones, W. H. Latham, T. L. Lloyd, Walter Maine, J. D. Mason, J. F. Matthews, F. Miller, Charles Moon, L. J. Mosely, J. M. Phillips, Arthur Roberts, A. Roberts Copplestone, S. Skinner, Thomas Smith, W. W. G. Stables, W. H. Stavely, Edward Stephens, William Thurston, Frederick Wallace, F. Michael Wallis, E. S. Warburton, Inman Welsh, W. K. Wesley, Albert Williams, Henry Wintle, Francis Wright, John Young

Death from swallowing a Nail.—An inquest was held at Enfield lately on the body of the well-known picture-dealer, Mr. Henry Leggatt, of Cornhill. The deceased was on a journey to Manchester, when he stopped at Rugby to have a basin of soup. He was obliged to swallow it very hastily, and suffered considerable pain until the following day, when he passed a nail, or brad, about three-quarters of an inch long, supposed to have been in the soup. It had torn the mucous membrane of the bowels, and inflammation followed, from which Mr. Leggatt died after lingering in great agony nearly a fortnight. The jury returned a verdict of "Accidental death." It was stated that the deceased had just effected an insurance against accidents of all kinds with the Railway Passengers' Assurance Company, of which his family will reap the benefit under the above circumstances.

Unregistered Medical Practitioners.—An inquest was held on the 23rd ult., by Mr. Humphreys, on the body of Frederick Liedeman, aged one year and six months. The deceased was the son of a mason, residing in Cranbrook-road, Bethnal-green, and had been suffering from diarrhœa for a long time past. A fortnight before his death the parents took him to the shop of a herbalist, named Stephens, in High-street, Whitechapel, where Dr. Coffin prescribed for him. The child was given three bottles of medicine, for which 2s. 6d. each was charged. He died Sept. 21st, and Dr. Coffin sent a certificate by post, stating the cause to have been phthisis or consumption. Mr. F. J. Gant, pathological anatomist to the Royal Free Hospital, said that he had made a post-mortem examination of the deceased. There was not the slightest trace of phthisis or consumption. The lungs and other organs were very healthy. Treatment for consumption was most improper in such a case. The jury returned the following verdict:—"That the deceased died from exhaustion from diarrhœa from natural causes, and the jury are of opinion that the Legislature ought to put a stop to the practice of unqualified practitioners giving certificates, as it was calculated to facilitate child-murder and irregularities of registration."

The late Dr. Hunter, of Glasgow.—The following brief notice of Dr. Hunter is sent by a friend, who regrets that no one more competent to do it justice should have taken it in hand. Dr. Hunter was born in Glasgow, on Christmas-day, 1795. After receiving the rudiments of his education at the grammar school of this city, he entered the University, where he passed through a full course of languages and philosophy, with the view of devoting himself to the study of divinity. How far he pursued his theological studies, and for what reasons he abandoned them, greatly to the disappointment of his family, and betook himself to the study of medicine, I am not aware; he may be cited, however, as one among many instances in which, on a similar change of views having taken place, the extended course of education required of the theological student was not thrown away, but became, on the contrary, one of the chief sources of subsequent professional eminence. When I first became acquainted with Dr. Hunter, about the year 1820, he was an enthusiastic teacher of anatomy. For this office he had, I believe, previously served an apprenticeship, by acting as dissector, first to Pattison, and afterwards to Mackenzie. He commenced teaching anatomy in College street, and afterwards in what became subsequently known as the Portland street School. When the managers of the Andersonian University resolved to establish a medical school in connection with their institution, Dr. Hunter was invited to join, and became their first Professor of Anatomy. He became then the colleague of Mr. Graham, now the Master of the Mint, who taught chemistry—of the late Dr. Hannay, who taught the practice of physic—and of Mr. George Watt, who taught medical jurisprudence. These gentlemen, by their talents and energy, soon raised the Andersonian University to the very first rank among the extra-academical medical schools in this country. Dr. Hunter was then in the zenith of his fame and usefulness, and this notice will be read with interest by his numerous pupils throughout the country who received from him the elements of their medical education. His manner as a lecturer was singularly pleasing and impressive. He knew also how to divest it of professional technicalities, and thus he rendered himself eminently useful by popularizing the sciences of anatomy and physiology. Many of your readers, now in their

prime, and somewhat beyond it, will recollect how much they profited by these popular courses in their earlier years. The celebrity of Dr. Hunter as a teacher of anatomy became so great that he was solicited to remove from Glasgow to London, as Mr. Graham had done before him. He became then the head of the Westminster Medical School. Various unfavourable circumstances, however, combined to render this step an unfortunate one; and after struggling for some years against them, Dr. Hunter judged it wise to return to Glasgow. He was again appointed to the Andersonian University, now filling the chair of Surgery, vacant by the transference of Dr. Lauric to the University. For the last seven or eight years he resigned the duties of a public teacher, to devote himself entirely to the private duties of his Profession. He was in excellent health and spirits until within a week of his death. He died on the 21st July, having suffered irremediably from a stroke of apoplexy three days previously. Dr. Hunter will be remembered by many attached friends whom he has left behind him as a mature scholar, a man of extensive information on scientific subjects, a profound anatomist, and in all his relations an upright and honourable man; while the general public will join in lamenting the loss of a warm-hearted and experienced member of a useful profession.—'Glasgow Medical Journal.'

POISONING BY MUSHROOMS.—The only instance of this kind of poisoning to be found in the works of Hippocrates, is that of the daughter of Pausanias, "who, having eat a raw mushroom, was seized with nausea, retching, suffocation, and abdominal pain. Warm hydromel and a bath were beneficial, and while in the bath she threw up the mushroom; she afterwards perspired copiously."

Pliny recommends pears to be eaten immediately after mushrooms; had he been acquainted with coffee, he would certainly have advised it as likely to promote digestion of the fungus. This at least is the opinion, and would be the advice, of Dr. J. de Soyre, the author of a paper 'On Mushrooms,' published in the 'Journal de Chimie Médicale et de Toxicologie.'

"When summoned to a case of poisoning caused by mushrooms," says he, "an emetic is the first remedy to be exhibited, and a grain of tartarized antimony should be given in three ounces of infusion of coffee without milk."

The same dose should be repeated after an interval of ten minutes, and a third, and even a fourth emetic may be administered until copious vomiting has been induced. When the effects of the antimony have subsided, Dr. Soyre prescribes an ounce of castor-oil in coffee, and one or more enemas of coffee with four or five ounces of coarse honey; if tartar emetic cannot be procured, coffee should be given, and the fauces tickled so as to induce emesis. Poultices on the abomen, heated flannels applied to the chest, and mustard-poultices to the extremities should also be resorted to, and subsequently antispasmodic remedies.

With the exception of the white bulbous amanita, agaricus muscarius is of all mushrooms the most dangerous, and in cases of poisoning by the latter variety M. de Soyre recommends the immediate exhibition of a strong emetic, followed by an ounce and a-half of sulphate of magnesia. The delirium and excitement of the nervous system should then be allayed by the administration of ten drops of liq. ammoniæ in a glass of water every ten minutes, until the symptoms subside. Coffee M. Soyre seems to prescribe in preference as an antidote to amanita.

HOW TO RESTORE LIFE IN DROWNING OR CHLOROFORM ACCIDENTS.—This is a field quite unexplored—the lapse of time that may occur in suspended animation. It is curious that, in animals drowned in water, the evil results chiefly from the plunging or struggling of the animals; but, *cæteris paribus*, an animal well under chloroform, and thrown into water, is not destroyed for a much longer period. The plunging in the former instance fills the lung-tissue with water, and reanimation is very difficult after six or eight minutes; but under chloroform probably a state of partial hybernation is established, and efforts for reanimation should be continued for four hours at least in all hospital cases. The condition of the diaphragm in suspended animation, as already said, is particularly important. Galvanism through the phrenic nerve is most essential. A needle should be passed also, as just said, through the diaphragm, as punctures of this muscle will restore animals apparently dead from apnœa. The 'Silvester method' of raising the arms, so as to make the pectoral muscles and their indigitations to lift the ribs, is the best plan yet known of promoting artificial respiration. By this method as much as forty-four to fifty cubic inches of air (sufficient perhaps for ordinary breathing) pass through the chest; but in the more popular or "ready" methods, about ten. I have urged this point for many years, but it has been disregarded.—Dr. KIDD'S Work 'On Chloroform.'

HEALTH OF SCOTLAND.—The Registrar-General's monthly return for the eight principal towns of Scotland shows that the births, deaths, and marriages all continued to be far above the average in August. The zymotic (epidemic and contagious disease) class of diseases caused 27 per cent. of the deaths, and in Greenock as many as 46 per cent. from the combined fatality of scarlatina and typhus. Of the individual zymotic diseases typhus was the most fatal, causing 150 deaths in a population not amounting to a third of that of the metropolitan district. Greenock, Perth, Aberdeen, and Glasgow are the towns where this disease has been more especially prevalent, and from the mortality being so high at this season it is feared that these towns may experience a great increase of cases of typhus fever as the temperature falls, unless active measures are adopted to arrest the progress of the malady. The metreorological returns for Edinburgh, Glasgow, Greenock, Paisley, Perth, and Aberdeen, the six towns from which the returns are obtained, show that August was characterised in Scotland by drought and by extreme variations of temperature, tending most to cold. The depth of rain was 1·52 inch, taking the mean of the six towns; this was 2·28 inches below the average of the previous eight years. The highest recorded thermometer was at Paisley, nearly 86 deg., and the lowest at Perth, 32 deg.

DEATHS.

DRUMMOND.—On the 17th ult., at Dover, J. Drummond, R.N., Inspector-General of Hospitals and Fleets, aged 72.

FLETCHER.—On the 25th ult., Betsey Hindley, the wife of Adam Fletcher, M.D., of Bury, aged 28.

FUSSELL.—On the 16th ult., at Sherborne, Ernest Fussell, M.R.C.S.

GIBSON.—On the 22nd ult., T. Gibson, M.R.C.S.E., of Paradise street, West Bromwich, aged 35.

HAMERTON.—On the 13th ult., at Camden town, F. A. Hamerton, M.R.C.S.E., aged 38.

HARGRAVE.—On the 20th ult., at the Adelaide Hospital, Dublin, William Hargrave, M.B., Representative of the Royal College of Surgeons, Ireland, in the General Council of Medical Education and Registration, aged 56.

M'MUNN.—On the 20th ult., at Rutland square, East, Dublin, J. M'Munn, L.K.Q.C.P.I., aged 66.

OSMOND.—On the 14th ult., at Thorpe, T. Osmond, Surgeon, aged 86.

SHELSWELL.—On the 28th ult., at Wolverhampton, Daniel Shelswell, late of Lutterworth, Leicestershire, aged 34.

SILVESTER.—On the 25th ult., at the Beeches, West Bromwich, Thomas Silvester, Esq., aged 76.

STANISTREET.—On the 19th ult., T. D. Stanistreet, Surgeon, of Mornington row, Bow, late of Calcutta, aged 49.

THOMAS.—At Archbutt terrace, Manor street, Chelsea, S. J. Thomas, M.R.C.S.E.

WILKINSON.—On the 21st ult., at Oldham, Lancashire, J. H. Wilkinson, M.R.C.S.E., aged 54.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 5.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—"Case of Cæsarean Section," by the late Mr. T. E. Bryant; "Post-mortem Examination of a Case of Accidental Hæmorrhage," by Mr. F. J. Gant; "Missed Labour," by Dr. W. Williams; "On Spondylolisthesis, Appendix," by Dr. Barnes; "Deformed Arms," by Dr. Shortt.

Thursday, Oct. 6. — *Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, Oct. 7.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, Oct. 8.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, Oct. 10.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, Oct. 11.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

To Subscribers.—Gentlemen who receive the Medical Circular direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

The St. Mary's Hospital Medical School.—The card has been received.

The Westminster Hospital School of Medicine.—The card has been received.

Dr. Fowler.—The letter is inserted.

The Obstetrical Society.—The notice is inserted.

Dr. L. Down.—The abstract has been received.

J. T., *Sligo*.—The lecture "On the Chemical Action of Light," delivered by Professor Roscoe, of Manchester, at the Bath Meeting of the British Association, was not reported in this Journal because its subject had very little connexion with Medical science or practice. The lecture, however, was an admirable one, and was both brilliant and dazzling in the literal sense, for the illumination produced was so great as to exercise a painful effect upon the retinæ of some of those who were present. The monochromatic properties of some substances were illustrated by the well-known instance of the colour given to flame by sodium and its compounds, and some beautiful illustrations were also offered of the new process of spectrum-analysis, by which the new metals, thallium, indium, rubidium, and cæsium have been discovered, each of them giving a peculiarly-coloured band to the spectrum. The most brilliant light was produced by the combustion of magnesium—a metal which has been long known, but which has been produced in large quantities only in late years. The light produced by this metal is so intense that photographs may be taken by its aid; and one of the most interesting features of Mr. Roscoe's lecture was the extemporaneous execution of a photograph of Sir Charles Lyell, the President of the Association—a feat which was performed in a few minutes, to the infinite surprise and delight of the audience Magnesium is supposed, on good grounds, to be one of the constituents of the sun.

Dr. D. F.—We understand that the 'American Medical Times' has ceased to exist, but that hopes are held out of its re-appearance.

Mr. J. D.—It is not yet determined who is to succeed Mr. Stone in the office of President of the Society for the Widows and Orphans of Medical Men.

Juvenis.—Fownes's 'Chemistry,' and Wilson's 'Anatomist's Vade Mecum.'

P. 2.—We do not recommend you to aspire to a degree at a foreign University, as it is doubtful whether such a title will be recognised by the Medical Council.

Surgeon D.—In our opinion, the most courteous proceeding would have been for C. to attend gratuitously for A., and to give up the case on the return of the latter.

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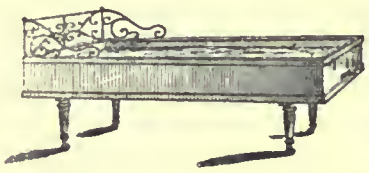

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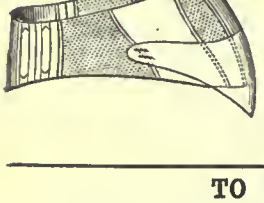

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OPENING OF THE METROPOLITAN SCHOOLS OF MEDICINE

FOR THE SESSION 1864-5.

In our last number we published abstracts of the addresses delivered at five of the principal Medical Schools, and we now conclude the series. The Introductory Lecture at University College is not reported, but we have referred to it at length in our leading article, which is founded upon notes of the lecture furnished by one of our own staff. The opening lectures were all well attended, but it must be admitted that in general they were not quite up to the mark. Among the gratifying features of the season was the reappearance, at the commencement of the session, of Dr. Chambers at St. Mary's Hospital, of which institution he is one of the physicians. In some instances the lectures were succeeded by *conversazioni*, as at St. Mary's and the Westminster, and each of these *réunions* was well attended.

ST. BARTHOLOMEW'S HOSPITAL.

After some introductory remarks, Mr. Callender stated that his object was not so much to instruct as to interest them in their studies, by placing their work before them side by side with suggestions for its pursuit, and with sureties for their ultimate success. Especially he desired to tell them of certain aids to study, which they must practise, each one for himself, because they were self-aids—helps which they must make every use of if they would work with order, with economy, and to the best advantage. As all our knowledge and all our progress had been gained direct from Nature herself, and as she revealed her secrets only in return for real, hard work, so their success with her would be much less if they were not trained to their task, and it was for this they had all of them gone through the lessons and the exercises of their youth. This mind-training was considered of such first-rate importance, that every encouragement had been given them to make its cultivation an attractive task. Without doubt they had already learnt something about their Profession; they must recollect, however, that their real work now commenced in earnest, that they now entered upon the studies which revealed to them Medicine as a grand and noble science. The road was at present clear before them, the result in a great measure depended upon their own exertions. They might not, indeed, all excel, but they would all learn a great deal, and he could promise them that if they worked now with industry and with determination, they would not fail to attain to that which all naturally covet, modest it may be, but substantial and honest success.

By their so-called scientific studies (he referred to those sciences with which in the Profession of Medicine they were more immediately concerned) they were to understand those which gave them a knowledge of Nature, of what they saw going on around them in Nature's processes, and of principles based upon observation of these facts; studies which possessed this substantial recommendation, that they gave life and reality, as it were, to their practical work, to studies which would otherwise consist in the experience and learning of bare facts, interesting and valuable in themselves no doubt, but wanting the cohesion and oneness which science gave by connecting them with the ebb and flow of a common-life action. What with chemistry and botany and physiology, they might be said, to a certain extent, to have before them all knowledge for their province, and as they knew that much was required of those to whom much was given, so they might be well content to learn that the work which their Profession demanded of them, if they would stand well with their fellow-men, was essentially good work—work which should better their moral nature, and which should entice them to live more in harmony with the hopes they should entertain of the life to come.

After referring to the importance of the study of anatomy, of physiology, and of pathological anatomy, Mr. Callender told them that after all their chief difficulty lay in learning how to treat disease. Here they must bring to bear what was known as practical knowledge, the wisdom which experience gave, that experience of which Carlyle wrote, "She doth take dreadfully high wages, but she teacheth like none other." Nor was it difficult to explain to them what was meant by this practical knowledge. A physician, for example, might know all about his subject, man—his diseases, their causes, their effects, and their recognised treatment, but above all this was the facile and dexterous handling of his knowledge and of his remedies, so as to fence and parry, and, if possible, get the better of disease, and, be it how it may, this was a possession few had excellently well, and which, despite all its training, the scientific mind sometimes failed to grasp. At the same time, the value of scientific knowledge was great. They lived, it was said, in a practical age. By all means let them be practical, but let none the less possess the scientific knowledge which fitted them to be so. Practice alone could give them experience in treatment. Books could not do more than teach them general principles, for man's body was so moulded and confirmed to the mind which controlled it, that influences of education, habits, associations (the accompaniments of health), gave rise to endless variations in the progress of, and consequently in the management of, disease, which no book yet written could even pretend to indicate. They should learn to recognise means of cure other than those tabulated in the Pharmacopœia. Fresh air, diet, cleanliness, mind-occupations, and the like, these were the remedies with which to assist Nature in throwing off disease; they should never forget Nature effected, if possible, the cure; and that the physician was best skilled who, by judicious selections from his Materia Medica, so lightened her task as to relieve the passing pain, who supported, and, if needs be, stimulated her efforts, or who transferred the stress of a disease to where it could be better borne by the system.

They would advantage themselves much more of the help their teachers willingly gave if, avoiding the common errors of frivolity and want of purpose, they would strengthen themselves for work with materials which were always ready to their hands. First, they should practise control and discipline; not the discipline to which all must succumb, that which society imposed, in some guise or another, throughout life, upon all, from the highest to the lowest. This was the discipline enforced from without. The self-discipline of the mind was a voluntary restraint—the discipline which resulted from willing nothing until it had been well thought over, and the order which must ensue as to the outward sign of such methodical, business-like self-control. The intellect, too, must be tutored in obedience to moral control; for although man might reason well and possess the will to carry his purposes into practice, yet he would systematically err if there was not over all this a higher influence, the absence of which the world was a sharp censor to detect. Subject to moral control, to be well drilled in self-discipline they must habitually reflect and think over all matters which engaged their attention, and thus utilise another of their possessions—the power of concentrating thought. Nothing was more difficult to strengthen than was this faculty, none more to be regretted in its weakness. The mind of man was, in fact, in perpetual movement, and this motion resulted only in

unfettered imagination when the ordinary exercise of control was suspended or diverted. In the pursuit of discipline they acquired thoughtful habits, and by thus reflecting and meditating they ripened another of their possessions—memory, which required this exercise to enable them to put forth its fulness of power. We were much in the habit of speaking of memory as a gift specially to some, but in truth it belonged to all, and only needed calling upon to respond. Memory, however, was often found to be more subtle for one thing than for another, a fact which merely proved that in many cases inclination or necessity prompted its cultivation for some special object. This was the case in most instances of remarkable calculators, in whose reckonings memory played so important a part; as it was, too, with Charmidas, the Greek, of whom Pliny wrote that he could repeat from memory the contents of the largest library; so, too, with great linguists, as the Cardinal Mezzofanti. They might be quite sure he was a bad workman who complained of his memory, and that by work and by degrees they would certainly remember better and better, and as their knowledge lived in their memory so it would be ready for use and for application on every apposite occasion; it would be always at hand to support their opinions or to illustrate their treatment. The impressions would be most sharply and durably cut in the mind which made their marks through congenial tastes; and knowing this, he would not press routine too closely upon them, but whilst endeavouring to interest them in their studies, and to make their minds work with intensified vigour, he would leave them to apply themselves to the acquisition of knowledge through those channels in which they were best aided by their memory.

To practise control and discipline, to exercise thought and memory, required patience and perseverance. As perseverance, however, was a term of general significance, and implied the pursuit of an object irrespective of the good or evil which might ultimately come of it, industry, honest industry, should rather be their watchword. They should set down in the very beginning their resolve to be faithful to it, for without it there was no hope of success or of future distinction. Originality, new thoughts, came only through patient work; examples abounded. It was especially through those taken from humble life that they could best appreciate the great results which followed industry in the pursuit of knowledge, leading men out from comparative barbarism, and enabling them to be serviceable to others, and to make their mark in the world. Although it was a twice-told tale, he could not refrain from warning them against relying upon Fortune, that various goddess to whom Demosthenes dedicated, in golden characters, the shield which he left disgraced upon the battle-field of Chæronea; the same Cicero invoked in one of his prologues as the *adjuncta fortuna* who crowned success. The reason for distrusting fortune was simply that no such thing as luck or chance, as they should understand the term, virtually existed. It was confused with the clear sight which seized the right moment for action. The battle of Marengo was won by a charge of the French cuirassiers, and the world said, "By what a lucky chance;" but General Kellerman described his exploit, "I see it—I am in the midst of them!" and thus in a few words gave the key to the successful result, by expressing the rapidly-formed and accurate judgment of the well-trained officer, which enabled him to make use of an opportunity one less practised might have let slip. So, then, to avail themselves of so-called fortune, they must be well trained through habits of industry and observation to be ready to make good use of opportunities.

They would be helped, then, by the exercise and training of their own powers, to assist themselves in the pursuit of knowledge. Much as they might learn, their work knew neither halt nor stop; they must continue at all times and in all seasons in attentive observation upon nature, striving to get as near truth, or truth's likeness, as they could; they must bear in mind that, after all, the acquisition of knowledge was not the only or, indeed, the chief aim of their intellect, for knowledge and wisdom, far from being one, have ofttimes no connexion. And wisdom was not to be mastered by work alone, like knowledge; it came only, assisted, it was true, by knowledge, as the growth of time. Wisdom was the sum total which resulted from the moral control, the self-discipline, and the industry of which they had been told. Yet he scarce expressed himself aright in naming wisdom to them as a sum total, for it was ill-likened to a final number that would be indeed perfection, for whatever share of wisdom they might possess, they must still pursue restless for more; for what more excellent gain than to feel that increasing years added to their capabilities for the wiser practice of their art? It was something to know that at least they were now working in the right direction. He would not conceal from them that he considered their work must increase with the advance of knowledge generally throughout the land, and that more would be required of them if they were to maintain their position in advance. The claims upon their industry were without doubt many, and they were increasing. Let them remember, however, that perseverance was irresistible; before it their difficulties would imperceptibly disappear, and their work was sure to be crowned with the desired success, if only they would act up to the advice given by the Wisest of the wise—"Whatever thy hand findeth to do, do it with thy might."

Had they seriously thought about the work which, as physicians and surgeons, they would hereafter be responsible for? Was it to heal the sick? Was it to stand, not unfrequently—he said it with all humility—between life and death? It was more even than this. It was to do this better, more wisely, more surely than heretofore. This had been our work in the times gone by—we toiled for it now; and this it was men would look to them for in the times to come.

MIDDLESEX HOSPITAL.

The Introductory Address was delivered by Dr. Greenhow. He said that the occasion which had brought together an audience comprising so many different classes of men—old and young, professional and non-professional, veteran and recruit—could scarcely be considered other than an important and interesting one. It was no less than the inauguration of a new year of labour and study—a new year which was of vital importance, not for itself only, nor for what might be done or left undone in it, but for the influence which the habits formed or encouraged during its lapse could not fail to have on their future lives. The object which had brought them together seemed to him to dictate alike the section of his hearers he should especially address, and also the subject on which he should address them. That object being the inauguration of a new year of labour and study, he should specially adapt his address to the particular class of his hearers most deeply concerned in those labours and studies—viz., the young men who already were, or who were about to become, students of the Middlesex Medical College. He would remind these gentlemen that this day was the commencement of a new era to them all; it was the landmark of their past progress; the starting point of their future course; and a few practical counsels that might help to guide them on their course and to assist their progress were what he proposed to offer them during the remainder of the time at his disposal. With this purpose he proposed to consider—1. The object with which they had entered themselves as students of the College. 2. The studies that would be necessary to secure this object. 3. The manner in which they could pursue these studies to the best advantage. 4, and lastly. The spirit and aims with which they should pursue the calling for which these studies were to qualify them.

With regard to the first point, there could be no question that their object in coming there was to qualify themselves to become medical practitioners—*i.e.*, to make use of medical treatment for the restoration of health or the mitigation of

disease. And here he had used familiar terms, which, nevertheless, were often but vaguely understood—he meant the terms health and disease. Perfect health might, perhaps, be most clearly defined as the normal condition of all the various organs and tissues of the body, together with the normal performance of all their functions. Health, however, as it was now spoken of by common consent, was rather a relative than an absolute state. The term was not used to imply the same precise condition in all persons, or even in the same person at all times; but rather to express, with regard to each individual, that well-balanced condition in which hereditary taints or personal tendencies were sufficiently neutralised by the powers of compensation with which the human frame was endowed to enable the individual to perform the ordinary duties and enjoy the ordinary pleasures of his age, without conscious inconvenience or unconscious injury to himself. Disease, on the other hand, as opposed to health, perfect and absolute, included, of course, every alteration in the normal condition of the various organs and tissues of the body, and every imperfection or perversion of their normal functions. But disease, as medical men were called on to mitigate, and if possible to conquer it, was practically limited in its meaning to those alterations of bodily structure, and those perversions of bodily function, which caused sensible disturbance of the well-balanced condition he had described as constituting ordinary health. He thought a clear apprehension of the above distinctions important to those whose profession would call on them to deal with health and disease that they might early realise to what extent they could reasonably hope to restore the one or to mitigate the other. He had assumed that their object was to render themselves competent members of the Medical Profession; and he trusted that this really was their object, and that none of them had in view either the partial object of studying only some one branch of medical knowledge, or the degrading object, as he could not but consider it, of merely securing their diplomas. He would wish to impress on all of them that no excellence was to be attained in any one specialty, unless a broad and solid foundation of general professional knowledge were first laid during the period of their residence there as students. But far more strongly he would wish to denounce the indifference to all branches of medical knowledge alike which led some men to be satisfied with barely passing the examinations of the several boards whose standard of proficiency was necessarily a low one; for deliberately to place oneself on a low level and aim at a low standard was, in his opinion, degrading to any man's self-respect. He recommended every student, on the contrary, to aim high—to aim at the worthy object of qualifying himself thoroughly for the responsible duties of a noble Profession.

The lecturer now came to the second point—viz., the studies necessary to secure this object. With regard to preliminary education he need go into no details. It had of late been wisely provided that every medical student should give proof of his having received a fairly good preliminary education, and he would therefore proceed at once to the consideration of the special studies necessary to qualify them for their Profession. In the first place they would have to study anatomy and physiology, which teach the natural structure and healthy functions of the various organs and tissues of the body; in the second place, morbid anatomy and pathology, which teach the various deviations from natural structure and healty function that constitute disease; and, in the third place, materia medica and therapeutics, which give an account of the various remedies in use for the cure of disease, and specify their doses or modes of employment. In connexion with these three groups of sciences, because closely allied to them all, they would have to study chemistry. There remained the ancillary sciences of botany and comparative anatomy. Botany, though far less essential than chemistry, deserved, in his opinion, all the attention that could be spared to it, as being the one branch of natural science which, perhaps more than any other, cultivated habits of minute and accurate observation. Again, comparative anatomy should receive a portion of their attention, because it was impossible thoroughly to understand human physiology without frequent reference to the comparative structure and functions of the several classes of the lower animals. Dr. Greenhow said he had now exhausted the list of their scientific studies, and he must now exhort them never to forget, in the wide and interesting fields of knowledge which these would open to them, that, as intending medical practitioners, they must study every science with reference to its applicability to the purposes of medicine as an art. Here and elsewhere he should be understood to speak of the art of medicine in its wide and legitimate sense, as including every branch of the healing art. It was true that they might master all these sciences perfectly, and even their practical applications to the purposes of medicine, without becoming competent medical practitioners; just as a man might be well acquainted with the principles of drawing and the use of colours, and yet be unable to paint a picture, or with the science of music and the use of notation, and yet be unable to play an instrument. For medicine was an art no less than painting or music, and required long practice to attain even moderate skill; but in one respect it differed from every other art—viz., in that it was exercised upon living fellow-creatures, to whom bungling might prove fatal. The tyro in painting or music might spoil the materials or instruments of his art, and yet do no worse harm than that of offending the taste or the ears of his neighbours; but the tyro in medicine might destroy precious lives in his crude experiments upon human subjects, and must therefore be content to learn his art in the first instance by observing the practice of others, and only to begin to practise it himself when he could do so with safety to his patients. This observation of medical practice, no less than the study of medical science, must be mainly accomplished during their attendance on the medical school and hospital. In his opinion, therefore, from the day that they entered the lecture-room as students, they should begin also to observe disease and its treatment in the hospital; and although during the earlier period of their attendance the larger portion of their time should be devoted to the study of science, and during the latter period, on the contrary, to the study of practice, yet, from first to last, these studies should go on together, and they should neglect neither, for neither would bear to be neglected. Before concluding the consideration of the studies necessary to qualify them for becoming competent medical practioners, he must say a few words on one branch of their training, which was a very real, though not exactly a nominal study—he meant the education of their physical faculties. This kind of education had, in a certain sense, been going on ever since they were born; but these faculties required special cultivation in the medical man. They must bear in mind, however, that it was not merely by being shown the relation between certain visible signs and certain internal diseases, by being made to listen to the sounds in the chest which indicate particular forms of pulmonary or cardiac disease, or being told to feel the crepitus of a fracture or the heaving expansive impulse of an aneurism, that they could educate their senses. Instruction, it was true, came by precept; but education could come only by use. Teachers might indeed direct their attention to these things; but it was only by constant and patient practice that students could educate their physical faculties themselves so as to be able to use them skillfully in the examination and diagnosis of disease.

With reference to the third point—the manner in which they could pursue these studies to the best advantage,—it would, perhaps, be more in accordance with custom if he were to limit himself to the sound but general advice that they should form a plan for the distribution of their time, in which labour should alternate with rest, study with recreation, mental effort with bodily exercise; and in which regular attendance on the medical school teaching should be combined with diligent reading at home. But he had found that such general counsels did not, in fact, save students—especially first-year students—from wasting precious opportunities, for want of knowing what those opportunities were, or understanding their true value, while the time for profiting by them remained; and he

had found also that some students, throughout the whole period of their attendance, lost the benefit to be derived from prosecuting their studies on a regular connected plan from sheer inability at first to form such a plan for themselves, and from drifting, in consequence, during their earlier sessions, into indolent and desultory habits. In pursuance, therefore, of his desire to render his address practically useful to his younger hearers, rather than interesting to his audience generally, he should endeavour to lay before them the details of a scheme for the systematic employment of their time by a general adherence to which, subject to necessary individual modifications, they would, he thought, be enabled to pursue their studies to the best advantage. The lecturer then proceeded to explain the distribution of hours which he proposed to first-year students, in order to combine regular attendance on the prescribed courses of lectures, on anatomy, physiology, and chemistry, with a diligent study of practical anatomy by means of dissection, and a due share of attention to the study of disease and its treatment, chiefly in the medical and surgical out-patient rooms of the hospital. Much has been said as to medical students being compelled to attend to many lectures; but he was sure that, with average diligence and ability, a man might profitably attend all the prescribed courses, and keep up with them in his reading, without being overburthened with work. A thorough knowledge of anatomy formed the essential foundation, whether of medical or surgical skill; and this could not, in his opinion, be acquired unless they begun at once to dissect, and continued during their first two winter sessions to devote to this supremely important study a larger portion of time than was now usually given to it by medical students. He recommended that their study of disease and its treatment should, during the first winter session, be carried on in the out-patient rooms, where the majority of cases closely resembled those they would be called on to treat as young practitioners; and also admitted of being more thoroughly examined by the student, without detriment to the patients, than was possible with the cases of more advanced and acute illness generally found in the wards. If they would systematically attend the practice of one physician and surgeon at a time for a period of three months each, they would reap far greater advantage than from any number of irregular attendances. Much of the most valuable knowledge and skill could not be communicated in lectures or even put into words by its possessor, but they would insensibly acquire some of it by steadily watching the practice of him who possessed it. He further advised that they should, as a rule, devote at least three hours every evening, except Saturdays (and of course Sundays), to reading at home, strictly in connection with the lectures and work of the day. The lecturer afterwards sketched out, more briefly, plans for the employment of the students' time during subsequent sessions; and concluded this portion of his address by observing that he had now gone through their three years' course of study, and that, as they had seen, each year, nay each day, had its proper work, which could not be postponed to the next. They should, therefore, cultivate punctuality, method, and accuracy. There was no time to spare, but there was sufficient time for everything if everything was done at the right time; and it was certain that nothing less than everything there prescribed would suffice to qualify them for the arduous duties of their Profession.

He had now arrived at the last point for consideration—viz., the spirit and aims with which they should pursue the calling for which these studies were to qualify them. Time forbad more than a few words on this most important subject, and these few would necessarily apply, in many respects, to other professions almost as much as to their own; for in whatever line of life a man's lot might be cast, his duties were to himself, to his neighbours, and to God, and should, therefore, be performed in the spirit of self-respect, of charity towards his fellow-men, and of faith and obedience to his Maker. At the same time, there were trials and difficulties peculiar to the Medical Profession, and unless they were met with the preparation of a right spirit, they might easily lead its members astray from the right aims of life. It had been truly said, that most men regard themselves too much and respect themselves too little; and in no profession was there so much danger of this fault as in theirs, in which rapid progress often depended most on gaining the favour of those least able to judge of real professional merit. The medical man should also especially cultivate the spirit of charity towards his neighbours. In benevolence to those who needed but could not requite their aid, few or no members of their Profession were, happily, found to be deficient; but it must be remembered that charity, in this restricted sense, was in accordance with their professional instincts, and seldom in even apparent opposition to their professional interests. Charity, in the wider sense of candour and goodwill towards their more successful professional brethren, was a rarer and higher virtue, and one which it behoved them to cultivate more for their own sake than that of others—for the sake of the immunity it would secure them from the painful and mistaken jealousies which equally embittered failure and poisoned success. They would need all the support to be derived from the spirit of faith and obedience towards God in the trying and harassing circumstances to which, at one time or other, they were pretty sure to be exposed in their intercourse with patients, and sometimes even with members of their own Profession. They would have to endure follies and caprices from some of the former, and probably to encounter unfair dealing from some of the latter. In such trials they must preserve their equanimity, and do their own duty fearlessly and faithfully, never doubting that the result would be commensurate with their deserts. It was only true merit which could, in the long run, pass for such, and it was the truest kind of merit which did, as a rule, win the higher class of rewards. They might almost infer the aims they should pursue from what he had said of the spirit in which they should pursue them. The aim of professional success was the first and most obvious with them all, and it was a necessary and legitimate aim to which he would wish to see all of them earnestly aspire. But though they were bound to strive for it as a means of livelihood, and might honourably strive for it as a means of distinction, it should never be their highest or their sole aim. They should strive to cultivate to the utmost, and to employ with their utmost energies, all the faculties and skill they might possess with the high and conscious aims of diminishing the sum of human suffering, and increasing the sum of human enjoyment, and of thereby fulfilling God's purpose in the station of life to which He had been pleased to call them. Of medical knowledge, above all other knowledge, it might surely be said, that it should be "not a shop for profit or sale, but a rich storehouse for the glory of the Creator, and the relief of man's estate."

CHARING-CROSS HOSPITAL.

Mr. HANCOCK commenced with some impressive remarks on the necessity for constant application and unwearied exertion, not only during the period of studentship, but also throughout the whole course of professional life. The period and order of study required by the various boards were then touched upon; after which the lecturer alluded with pleasure to the recent appointment of Dr. Frederick Headland to the chair of Materia Medica. Much stress was laid upon the necessity of thoroughly mastering the rudiments before attempting to grapple with the higher branches of the Profession; and Mr. Hancock pointed out the order in which studies might be most advantageously carried on, laying particular emphasis upon the necessity for neat and careful dissection. He then passed in review the system of medical education at present pursued, giving it as his opinion that the pupils are over-lectured, and that it would conduce very much more to the welfare of the student if the theoretical lectures, or the two courses at present enforced, were done away with altogether, and a

regular course of practical clinical lectures were instituted in the place of the present half-and-half system of principle and practice.

The proposed scheme of extended preliminary education was then brought forward. The system which had produced such men as Baillie, Chambers, Stokes, Watson, Hunter, Cooper, Brodie, Lawrence, Guthrie. Syme, Liston, Fergusson, and a whole host of other celebrities of the Medical Profession, was presumed to be worthless; but it would be advantageous to consider how far the proposed changes were desirable. The great error into which the advocates of these changes had fallen was their non-consideration of the peculiar character of the practice of our own, compared with that of the sister professions—necessitating the supply of medical men for the poor as well as for the rich. After dwelling upon the subject, the lecturer observed that "as a high degree of education naturally induces a tone of refinement, the man who has incurred the expense and labour of a preliminary education such as proposed will revolt at the idea of taking up his abode in the squalid districts of the poor; and the practical result will be that a very large proportion of the population will be sacrificed to the ignorance and dishonesty of charlatans and quacks."

The much-vexed question of the army and navy medical services next occupied the attention of the lecturer, who forcibly dwelt upon the injustice done to the medical officers of the Indian service by the late Warrant. He was rejoiced at the spirit which was manifesting itself amongst the junior members of the Profession, whom he strongly urged not to be misled by specious statements, but to pause and consider well ere, by consenting to become candidates for commissions in the service, they lowered the status of the Profession and surrendered their own just rights and position.

Mr. Hancock dwelt at some length upon the various examples of self-sacrifice and courage displayed by members of the Medical Profession, and especially alluded to Mr. Philip Harpur, Dr. Cunningham, Dr. Fayrer, and Herbert Llewellyn, late students of Charing-cross Hospital. With regard to Llewellyn, he observed, "Let his reply, 'No, I will not peril the wounded,' be engraved in imperishable letters on the tablet of time. Let it be to him as Horace says—

> "'Monumentum ære perennius
> Regaliqne situ pyramidum altius,
> Quod non imber edax, non aquilo
> Impotens possit diruere, aut innumerabilis
> Annorum series, et fuga temporum.'"

WESTMINSTER HOSPITAL.

Dr. Basham delivered the Introductory Lecture. He glanced over the interval between 1852, when he last delivered the introductory lecture, and the present year, and inquired by what features it had been distinguished—whether it had been marked either by discoveries of magnitude or utility, or by the useful application of scientific principles to practical purposes. He detailed many of the discoveries which had been made and enlarged on points of practice. In reviewing the progress and change of pathological doctrine which had characterised the last few years, Dr. Basham traced a large portion of that revolution of opinion to the researches of the microscope pathologist. The rapid development of past facts and a clearer insight into the minute structures of the tissues had led to the conviction that the cell, the ultimate element of the tissues, played a more important part in the performance of the functions of development and secretions than had hitherto been conceived. Out of these physiological facts had been developed those more reasonable conceptions of the nature and character of the inflammatory and other morbid processes to which he had just referred. The advantage of a sound preliminary education was pointed out. Of all the elements of a preliminary education there was none of more importance than a moderate knowledge of the leading branches of physical science. The student was exhorted to habits of industry and economic use of his time, for the qualities that came out during the probationary period of study, and attendance on hospitals and lectures, more or less stamped the man in after life. Habits of industry and observation would follow them in their professional life, when they were called to the exercise of their acquirements and abilities. The exigencies of time, fully occupied by the demands their patients made upon them, might deny them the opportunity to aid much by the publication of their experience the advancement of the science of Medicine; they would, however, be ready to recognise, and be prepared to benefit by the efforts and researches of others (perhaps in past days their fellow-students), who, like those of the present generation who were around to-night, would be in their turn devoting themselves to the advancement of their art, and beneficially contributing to the mitigation and perhaps removal of the diseases of the generation in which they live.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

ADDRESS BY MR. LONG.

The annual distribution of prizes to the successful students at the medical school in connection with the Royal Infirmary took place on Saturday week, in the theatre of the school. The Rev. Dr. Howson was called to preside, and among those present were Mr. J. Cropper, Mr. Long, Dr. Walters, Dr. Nevins, Dr. Gee, Dr. Cameron, Mr. Fletcher, Dr. Edwards, Dr. Collingwood, Dr. Grimsdale, Dr. Whittle, &c. There was a fair attendance of students.

Mr. Long then delivered an address introductory of the coming session, of which the following are the principal portions:—

"It is now more than a third of a century since I first entered the ranks of the Profession. During this comparatively short period I have witnessed many changes in it. I have seen many epidemic delusions of the mind, as well as epidemic diseases of the body. I have witnessed strange revolutions in medical practice. . . . I have seen the rise and declension of many 'pathys,' and as many 'isms'—heroic treatment and expectant; alcoholismus and nihilismus, all no doubt at times and in certain cases useful, but none of universal application. . . . This nihilismus has arisen naturally out of that perversity which makes men rush from one extreme to the opposite, or out of that infirmity which makes us unable to strike the balance between two independent truths. Our forefathers put too much faith in drugs; and we by way of compensation get rid of one error by running into another; and, though doubtless our ancestors erred by an over-officious and meddlesome line of practice, and acted as if their medicines possessed specific virtues (which few can lay claim to), and as if no natural proof could go on without help, giving medicines whether they were wanted or not, these, no doubt, being often injurious, though happily as often inert, still it is true that there are diseases and conditions in which the effect of drugs is active and beneficial; and when we see the enormous power possessed by medicines on the animal economy, especially on the nervous system, we shall be wise not to sanction opinions which set at nought these instruments, and leave the younger members of our Profession to despise them, instead of seeking out for themselves a thorough knowledge of their virtues. As the body is afflicted with a vast variety of diseases—many inscrutable, and many that bid defiance at present to the best directed efforts of our art—who knows but that among the variety of plants which exist on the surface of this earth, and by the researches of modern chemistry, some remedies may not be provided for what is now considered incurable, and that he who diligently seeks may find them? Many such have been discovered already. I will in this place only instance two—one of ancient, the other of recent date—viz., Peruvian bark in intermittent diseases; and the remarkable effects produced on the pupil of the eye by the Calabar bean. What, in nature and disease, to us at present appears pur-

poseless for good, probably is intended to call forth the inquisitiveness, activity, and persevering industry of the human mind. An objection has been raised by some to the use of medicines, that they are 'unnatural,' and they speak of nature and art in the treatment of disease as if they were antagonistic. Surely man does not now live in a state of nature; and diseases, I think, may be considered quite as unnatural as medicines. An altered state of body requires, I imagine, an altered mode both of living and of treatment by medicine; therefore, to neglect air, food, and regimen in the treatment of disease would be absurd; and, as to the use of drugs, 'he that is wise will not despise them.' . . . We must always bear in mind that we are rather ministers to, and interpreters of, Nature, than antagonists engaged, as it were, in a constant warfare with her. The prevailing fault, I think, at present is not so much to trust overmuch in drugs, as to be sceptical of their utility. We have a more positive knowledge of the extent and limits of the power of Nature on the one hand, and of the real use of drugs on the other, in the cure of morbid states, than was possessed by our predecessors. . . . Gentlemen, you are entering a profession in which you are to have the principles and the practice, the science and the art, of medicine and surgery. We recognise no distinction at the outset between medicine and surgery, but the practical applications of science are made the ground for its sub-division. We may then regard medicine and surgery in a twofold aspect. As regards theory and practice, the principles and their application, science then embodies principles; art consists in the application of those principles. The more perfect the science the more simple will be the rules by which the artist may work, but when its principles are of high comprehensiveness the practice of them requires more operative skill and sagacious judgment. In medicine no principles of any high degree of generality can be said to have been established, and no rules of practice therefore exist which can be applied without exception or qualification to individual cases. The complexity of the conditions which affect the phenomena of disease renders the knowledge to be acquired, before means can be employed in the cure of it, one of the most difficult among the objects to which the attention of the practitioner can be directed. . . . Much has of late years been accomplished in scientific and practical surgery, especially in that direction termed 'conservative.' A good summary of this progress has lately been brought before the Profession by Professor Ferguson, in his lectures at the Royal College of Surgeons of England. . . . I also hail with pleasure a new edition of Paget's 'Surgical Pathology,' which has already accomplished so much for scientific surgery. . . . Great improvement of late years has taken place in medical education. The preliminary examination, before the student can enter the pale of the Profession, is most judicious. No person ought to enter upon the study of the Medical Profession who has not had a liberal education; and this examination is the test of it. The division of the examination into periods or stages is advantageous, instead of, as formerly, crowding all the subjects into one short and imperfect examination. This new plan, without over-taxing the energies of the student, enables him to be better prepared upon all subjects than was possible under the former system. It is a question whether the age of sixteen may not be too early for a youth to enter into the medical or any other profession. The choice has to be made before the mental powers have had time to develop themselves; when, in fact, they are in a transition state, and before the tastes have been fully displayed. If general education were prolonged until the eighteenth year, the mind and tastes would have had a longer time and more opportunities for unfolding themselves. It is more than probable that a young man previously well prepared in general knowledge will commence the study of Medicine at eighteen, nineteen, or even later, with the probability of much greater success than he who is bound an apprentice at sixteen, and has passed three or four years in the acquirement of desultory and ill-digested knowledge of its least important details. The law does not allow of early marriages, and yet a youth of sixteen may be compelled, or of his own free will, or caprice, may tie himself to what his whole subsequent life is to be dedicated, and to what is to be his business, and as much as possible his pleasure. He has the best chance of success in his profession whose *heart* is in it as well as his *head*. *Taste*, therefore, as well as *intellect*, should be consulted in the choice of a profession. Men obliged to devote their intellectual powers to occupations laborious and distasteful to themselves do not succeed; and this holds good especially in medicine. A comparatively superficial practitioner, who *shows* that he likes his profession, will secure a large practice; whilst another possessed of three times the amount of his professional acquirements, and having perhaps greater intellectual pleasure in the pursuit of it, yet whose tastes are offended at its details, will remain, so far as the public are concerned, in neglect and obscurity. It has been well observed, 'La Medicine est la plus noble des professions, et le plus triste des métiers' (a noble profession, a shocking bad business). A systematic curriculum of study should be pursued, its chief advantage being rather to point out the path to the student than to conduct him along it, and attendance upon lectures, which are not demonstrative, are chiefly valuable to the student as connecting the knowledge he may have acquired from other sources, and indicating to him the points in which he is most deficient. Examinations are most useful as summarising what has been given in the previous lectures, and as a test of the attention and proficiency of the pupil. By lectures we instruct—by examinations we educate. . . Practice is but a continuance of education in which we soon learn how little we are to be guided by authority, and how much we have to trust to our own judgment for the selection of the means of treating diseases. To expect a perfect knowledge of the Profession, medical, surgical, obstetrical, &c., is out of the question. 'Non omnia possumus omnes' (we can't do everything). Whilst uniformity of medical education is desirable, there can be no objection to a sub-division of medical practice into various departments. It is impossible for any individual to keep pace with the progress of knowledge in all the branches of medical science. It is universally allowed that 'division of labour' is favourable to perfection in all art, and there is no reason why it should be otherwise in the practice of the healing art, provided always that a choice of a special department be not made until the principles of the science of medicine have been fully acquired. . . . The qualities to obtain a fair knowledge of your Profession, and to insure success in it, are not at all extraordinary—they are common sense and perseverance. There must also be a spirit of self-reliance and self-help. Help from without is often enfeebling in its effects—help from within invigorates. What is done for us to a certain extent takes away the stimulus and necessity of doing for ourselves. There is an education not to be learned from books, or acquired by any amount of literary training, and all observation serves to illustrate the lesson that man profits himself more by work and observation than by reading. The steam-engine is itself a monumeot of the power of self-help in man. The idea, promulgated by Horo, of Alexandria, was never lost, but like the grain of wheat entombed with the Egyptian mummy, it sprouted and grew vigorously when brought into the full light of modern science. Grouped around it we find Savary, the Cornish miner; Newcomen, the Dartmouth blacksmith; Cawley, the glazier; Potter, the engine-boy; Smeaton, the engineer; and towering above all, the laborious, patient, untiring James Watt, the mathematical instrument maker. We find that the greatest results in life are usually attained by simple means, and the exercise of ordinary qualities. The great high road of human welfare lies along the old high way of steadfast well doing, and they who are the most persevering, and work in the truest spirit, will invariably be the most successful. Fortune is ever found on the side of the industrious. We must never forget that progress of the best kind is comparatively slow. Great results cannot be achieved at once; and we must be satisfied to advance in life as we learn to walk, step by step. We must sow before we reap, and often have to wait a long time content, meanwhile to look patiently forward in hope—the fruit best waiting for often

ripening the slowest. There is an Eastern proverb worth remembering—"Time and patience change the mulberry leaf to satin."

ORIGINAL COMMUNICATIONS.

NOTES FROM PRIVATE PRACTICE.

By Dr. G. de Gorrequer Griffith,

Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician to Deputy Inspector-General Dolmage at the Royal Small Arms Factory and at the Royal Military Clothing Dépôt, Pimlico.

On the Effects of Electricity.

Case I.—*Violent Epilepsy.*—The patient was past the middle age, of—as it is commonly expressed—a large make, and bore the appearance of having been formerly robust in health, and powerfully developed as to muscular strength. I had been summoned to him hastily, and asked to come at once as he was dying. On my arrival, a few minutes after receiving the call, I found the patient working most strongly in fits of violent epilepsy, the left side being that which was most affected: indeed, the right side seemed scarcely at all to participate in the violent agitation, the leg being the only part which was convulsed. The muscles on the left side of the chest and abdomen were involved in the affection, while those on the right were apparently quiescent. The head was drawn forcibly to the left side by the violent contraction of the left cervical muscles; the facial muscles worked strongly; the jaws were forcibly approximated by the convulsed masseters, and, when relaxation was obtained for a short time, the same violent clenching was repeated several times in each fit; the tongue and lips had been severely bitten, and were covered with thick, bloody, frothy mucus, or saliva, and all the front teeth were broken, and had been probably swallowed; the eyes, open but expressionless, were rolled about in their sockets, and the pupils were widely dilated; the surface of the body was moist, but not perspiring, and was cool rather than warm, notwithstanding the violent action which existed.

On the accession of each fit the patient uttered a peculiar low sound, which he continued to utter till the attack had ceased. The arm of the left side was drawn forcibly in upon the chest, the forearm being as forcibly flexed upon the arm, and the hand upon the forearm, while the fingers also were flexed upon themselves; the penis was not erect, nor was there any emission of semen or discharge of the alvine evacuations.

As soon as I entered the room, I had the windows and door thrown open, so that a free current of air might find entrance; the face and neck abundantly, and with some degree of force, besprinkled with cold water; the bed clothes turned aside in order that I might grasp the wall of the abdomen with my left hand, while with all my strength, and by means of the right hand, I compressed the abdomen itself at that part which corresponds to the situation of the solar plexus. This manœuvre seemed at first to check the violence of the fits, and accordingly, when I became tired, I committed my office to one of the patient's friends, who, according to instructions, exercised steady and very great pressure.

I would here mention that I have found this plan of action most effectual in immediately abating the violence of epileptic convulsions, or even of putting a period to them at once. In the present instance, however, it failed, and I was forced to abandon it in favour of some other expedient. Chloroform suggested itself to my mind, and in order to obtain it I despatched a messenger to the nearest chemist's shop. As there was delay in procuring it, I sent home for my electric battery; and as soon as it arrived I proceeded to pour into the patient's system a continued stream of electricity, fixing the poles of the battery in the palms of the hands, and having the fingers clenched tightly by the aid of two assistants.

At the time of beginning the administration of the electricity the patient was working violently in an epileptic paroxysm; the "rattles" were in his throat, and had been so for some time previous to my having been summoned; death was imminent, and seemed to be quickly drawing the suffering man to his end.

Immediately that I commenced the electrifying process the fit was arrested; encouraged, therefore, by this *immediate* effect, I had the poles taken out of the hand and applied to the epigastrium, as nearly as possible over the semi-lunar ganglia. This roused the patient, and he became quite conscious of the pain occasioned by the electricity; I now altered the position of the poles, having one placed on the epigastric region and the other on the left eyebrow, just where the supra or vital nerve makes its exit; and instead of giving him merely a continued strain of the electric fluid, I alternated the strength of the battery, so that the patient should experience severe shocks. Seeing that the desired effect was produced, I again shifted the poles first to the supra-orbital regions (immediately over the foramina), and then I had one pole put to the left side of the neck, directly over the course of the phrenic nerve, and the other to the left side of the epigastric region. This woke up the patient most effectually, the full strength of the battery being used. The current was then passed through the thorax by having a pole laid on each side of the chest, the left pole being in close apposition with the intercostal space which corresponds to the apex of the heart.

I now had the pleasure of hearing my patient ask for a discontinuance of the shocks, and beg for a little cold water.

The fits were completely stopped; the patient was fully conscious to everything; the poles were removed; the electrifying process no longer continued, and I administered forty minims of tinct. opii, with the hope of procuring sleep as soon as possible.

The first effect of the electricity was to increase the action of the heart, and consequently to make the pulse fuller and more frequent: to these supervened a glow of warmth over the entire surface of the body, the bursting out of profuse warm perspiration from every pore, and, in fact, general reaction.

I should, in the first instance, have applied the poles of the battery to the spine; but as the man was in a dying state when I was summoned, I hesitated in rolling him on either side lest the heart, already enfeebled from exhaustion, should cease to beat.

I must admit that I was not a little astonished at the rapid effect of the means employed for the patient's recovery, and of the complete efficacy both in stopping the paroxysms (which returned about every three minutes) and in preventing their return.

I would mention that the patient was of most intemperate habits, and had been in a state of intoxication for some days previously; that he had been attacked on three several occasions with similar epileptic fits, none of which, however, had been at all so severe as the one of the present time; also, that the paroxysms were of the most violent character, recurred at an interval of three or five minutes, and that the entire attack lasted for six hours, having commenced at six p.m. and not having ended till about twelve midnight.

The patient has since done well.

9 Lupus street, St. George's square, Pimlico.

Cambridge Lunatic Asylum.—It is proposed to erect a detached ward at this asylum for the reception of noisy and refractory patients.

Bath County Court: Parker v. Fisher.—This was an action brought by Mr. Parker, of Daniel street, surgeon, against Richard Fisher, of Holloway, to recover 15*l.* 15*s.*, for plaintiff's attendances upon defendant's wife from January to July, 1864. The charge was for the application of tin splints of the plaintiff's invention; the defence being that there was no arrangement made for payment, and further, that so numerous attendances were unnecessary. The jury returned a verdict for plaintiff, fixing the amount at four guineas.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 12, 1864.

PROFESSOR QUAIN'S INTRODUCTORY LECTURE AT UNIVERSITY COLLEGE.

The Introductory Lecture of Professor QUAIN at the commencement of the Medical Session of University College was on the subject of Medical Education, but the topics of the address were rather retrospective than prospective, as they partook more of the nature of a summary of the past than of a guide to the future. Still, the progress of Medical Education has been so much, we do not say dependent upon, but associated with, the fortunes of University College, in the hospital of which Mr. Quain holds the office of Professor of Clinical Surgery, that we do not wonder the lecturer considered the two subjects as in great measure related to one another; and we need no apology for considering them together.

In the middle of the last century, and at the commencement of the present, there could scarcely be said to have been any system of Medical Education at all. Surgeons obtained their knowledge the best way they could, by seeing the practice of an hospital, or by attending the lectures given at some rare intervals by private lecturers, or by attaching themselves as pupils to some distinguished surgeon; and this was the mode in which such surgeons as Hunter, Astley Cooper, and Abernethy received the elements of their education, and these were the sources whence they derived the lessons which they afterwards turned to so much profit in the diagnosis and treatment of disease. Physicians had even less opportunity than surgeons of acquiring a knowledge of the Profession of Medicine in England, and they were obliged to resort to foreign countries for that purpose, especially to the Universities of Italy and Holland, which, at the period to which we refer, were the great seats of Medical learning, such as it then existed, and from them our English physicians were accustomed to take their degrees. Even when the Doctor's degree was taken at one of the English Universities, it was usual for the graduate to travel on the Continent in order to acquire an insight into the Medical knowledge of the period, before he entered into actual practice at home. As for the class of general practitioners, they could hardly be said to exist at the end of the last century; for although the London Society of Apothecaries had received somewhat enlarged powers from James I. of England, and were in some measure licensed to practise Medicine as well as to compound and sell drugs, yet their jurisdiction was very limited, the number of their members was small, their system of education very imperfect, and their examinations little more than a form.

The changes which occurred in Medical Education at the commencement of the present century are now matters of history. Surgeons' Hall had become converted into a Royal College of Surgeons, the Royal College of Physicians had preserved its dignity without having added much to its influence, and the Apothecaries' Act of 1815 conferred upon the London Society of Apothecaries the power of granting licences to practise Medicine throughout England and Wales. What this Society did with their newly-acquired powers is also well known—namely, that they set themselves to work in effecting a thorough but gradual change in the whole system of Medical Education so far as it concerned the practice of apothecaries, over whom alone the Act of 1815 gave them jurisdiction. Attendance on lectures and hospital practice, which had before been optional, was now made compulsory; and it was necessary that every one who aspired to a licence to practise should pass an examination with a view of exhibiting his competency.

Strange as it may appear, now that the subject is viewed through the vista of years, the operation of the Apothecaries' Act was at the time eminently successful and beneficial, and instead of diminishing the number of Medical practitioners, it largely increased them; and, moreover, it called into existence and into systematic operation a scheme of Medical Education in England which, with more or less modifications, has lasted to the present day.

A very few years after the passing of the Apothecaries' Act, the Liberal party in the State conceived the idea of establishing an institution for the instruction of the masses of the people in every branch of literary and scientific education, Medicine, of course, included; and, under the auspices of this party, the University of London—as the stately fragment in Gower street was then called—was opened in the autumn of 1828. The study of Medicine, however, though an integral part of the scheme, was at first considered quite subordinate to the other educational features of the establishment; and the first few Medical Sessions began, as is well known, without even an hospital, which was not erected until several years had elapsed and the Medical School of the institution had assumed an unexpected degree of magnitude and importance. It was intended, and it was confidently hoped, that the then University would obtain the power of granting degrees in every branch of learning, and this hope at one time appeared to be near its fulfilment when the party which supported the institution came somewhat unexpectedly into power on the death of George IV. The success, however, which it was hoped would attend the establishment of the new seat of learning was not achieved; the persons who were disposed to pursue or encourage learning for its own sake were found to be comparatively few; and although the system adopted as the watchword of the new University, of civil and religious liberty to all, was fully carried out, it found no particular favour even with the masses for whose benefit it was intended. On the other hand, it raised a host of active and able opponents among the Conservative, or Church and State party, who not only loaded it with every species of ridicule and abuse, but who showed their practical antipathy to its principles by founding and opening a rival institution, now, as it was then, known as King's College, London.

In reference to Medicine, it must be admitted that the views of the founders of the new University were highly praiseworthy; and the mode in which those views were carried out by the executive was generally commendable. It was intended that the student of Medicine, instead of repairing to foreign countries or to different localities in his own land, for the purpose of acquiring various kinds of knowledge, should find at one central metropolitan institution the means of obtaining both General and Medical Education; and it was also intended that the system of apprenticeship should be superseded by an attendance on those courses of General Literature and Science for the pursuit of which the University offered extensive facilities. With the special view of improving the mode of teaching Medicine and Surgery, the most distinguished Professors of those branches, with the collateral sciences, were invited from all quarters, and several were appointed. If we do not mistake, the celebrated Meckel was actually appointed the first Professor of Anatomy, although for some reason he never occupied the post; but Sir Charles Bell was the first Professor of Surgery, holding the additional chair of Physiology; the present Dr. Watson was the Professor of Forensic Medicine; Dr. Conolly, of the Practice of Physic; and the late Dr. A. T. Thomson, of Materia Medica. The first Professor of Anatomy was Mr. Pattison, who turned out a failure; and the first Demonstrator of Anatomy was Mr. J. Bennett, an accomplished anatomist, who had long taught the subject to English students in Paris, but who, after lecturing for three sessions, was cut off by disease at an early age. The first Professors of Chemistry, Botany, and Comparative Anatomy were Dr. Turner, Dr. Lindley, and Dr. Grant; and undoubtedly no better appointments could have been made, for they were all men thoroughly acquainted with their respective departments, and were, moreover, admirable lecturers and lucid writers; and each and all of these gentlemen, two of whom survive, have done good service in diffusing among the Profession accurate and enlightened views on these collateral though most important branches of Medical Education.

As the institution itself was a new one, the plan of instruction was new likewise; and as the materials comprising the study of Medicine had largely expanded, and the knowledge to be gained by the student was proportionally greater, so the courses of lectures were extended in duration and the period of attendance on lectures and hospital practice was increased. This extension of lectures, we may mention by the way—although the fact was not alluded to by Mr. Quain—was borrowed from the system pursued at Edinburgh, where six-months' courses were delivered instead of three months', which was the usual duration of the lectures in London, two courses being given in the space of one winter session. Chemistry was taught, and, we may add, taught well and profitably, and by no means tediously, in courses which lasted from October to the middle of May; and Physiology, instead of being appended as a sort of makeweight to the lectures on Anatomy, was elevated to the rank of a special science, and taught by a separate Professor, the first occupants of the chair having been, as we have mentioned, Sir Charles Bell, and then the late Dr. Southwood Smith. Dr. Sharpey, the present respected Professor of Physiology, was not elected until long afterwards.

Another new feature in connexion with the Medical lectures was the institution of the plan of weekly examinations in each class, and the award of prizes and certificates of honour at the close of each session. These new features have been adopted at many, if not all, of the Medical Schools; and whatever difference of opinion may exist as to the expediency of the prize system for our Medical students, there can be no difference of opinion at all as to the propriety and, indeed, necessity of weekly examinations in each class; and this improvement upon former plans, the then University of London, as far as we know, was the first to originate.

Such were some of the topics touched upon in Professor Quain's Introductory Address; and in reviewing the course of events in the establishment with which he has so long been connected, he might, perhaps, without overstepping the limits of modesty, have declared, in the words of the Trojan hero, "quorum pars magna fui," as there are very few circumstances connected with the fortunes, good and bad, of the Medical Department of University College of which he has not had cognizance, or in which, indeed, he has not taken a rather active part. Still, he had no hand in the foundation of the institution, and he did not become connected with it until two years after it opened, when he commenced his career as a teacher in the capacity of a joint Demonstrator of Anatomy with the late Mr. Benjamin Phillips, and he was afterwards sole demonstrator, while his brother, Dr. Jones Quain, held the position of Professor of Anatomy and Physiology.

It would be a long story to follow the vicissitudes which befel the University, to record the misfortunes which it suffered in the secession of some of its most worthy teachers, and in the early death of others, or to trace the rise of its Medical school to the highest point of eminence and success, and its subsequent comparative decline. It is sufficient for the present to remind our readers that the University of London is no longer the name of the building in Gower street, which has sunk into University College; but still the latter may point with pardonable exultation to some of its alumni, deriving their honours from other sources than their Alma Mater, and it may exclaim with the Roman poet, altering a single word—

"Hos ego *discipulos* feci, tulit alter honores;
Sic vos non vobis mellificatis apes."

SUMMARY OF THE WEEK.

SOME RECENT PROCEEDINGS UNDER THE MEDICAL ACT.

Under our head of Legal Intelligence we have lately recorded some proceedings taken by a Mr. Talley, a solicitor, against several persons who were charged with having committed various offences punishable under the

Medical Act; and in our present number we report a further proceeding instituted by the same gentleman, with what success we are unable at present to determine. We quite agree with the 'Lancet,' that some of Mr. Talley's measures indicate more zeal than discretion, and in one case—namely, that in which he summoned a gentleman possessing a diploma of the College of Surgeons, on the ground that he was not registered—Mr. Talley was unquestionably in the wrong in point of law. But without knowing anything whatever of Mr. Talley, except what has appeared in the newspapers, we think that his efforts to root out and expose, and if possible to punish, the infamous crew of quacks who are fattening upon the vices and the credulity of the English public, deserve every support from the Profession and from the community in general. The 'Lancet' knows as well as we do that the only reason why the Medical Press does not denounce and expose this iniquitous gang, is because they possess such enormous wealth that they can, and actually do, buy up any amount of legal assistance to defend themselves against any attacks which may be made upon them; and because, moreover, they have, by spending thousands of pounds in advertising, bought up a great portion of the Press, both metropolitan and provincial. Without mentioning names, which might expose ourselves to legal consequences at the hands of these scoundrels and their attorneys, we ask our readers whether some of the vilest impostors of the class to which we allude have not been made to appear to the public as the victims of persecution in the speeches of their counsel and in the garbled accounts published in some of the daily newspapers. Mr. Talley, whoever he may be, exhibits great boldness in grappling with a gigantic evil, with which, perhaps, he is not strong enough to cope; but his efforts deserve encouragement rather than blame, although we hope that he will be more careful in future in selecting his cases. The parties with whom he has now to deal are like the fabled Proteus, and can assume an infinity of shapes and a vartety of names; and, what is extraordinary, it seems that the law actually protects them in such assumptions.

THE CASE OF DR. GOSS.

The remarks made last week as to the alleged conduct of Dr. Gervis and Mr. Llewellyn in the late unfortunate case of Dr. Goss, have called forth from the former two gentlemen an explanation of the part which they took in the transaction; and we are bound to state that they appear to have been free from blame in the course they pursued. The woman, who was the patient of Dr. Goss, was attended by Mr. Llewellyn, called in after Dr. Goss had left her, and she was then found with the os uteri widely dilated and the child's shoulder presenting. Mr. Llewellyn, under these circumstances, called in the assistance of Dr. Gervis, who delivered, with great difficulty, by the operation of turning. So far, it is universally admitted, no blame whatever was attributable to either of these gentlemen, who merely did what was necessary under the urgent necessity of the case. The patient, it will be remembered, died fifteen days after delivery, and a coroner's inquest was held upon the body; and here is the point in the history where the conduct of Dr. Gervis and Mr. Llewellyn is impugned, as it was broadly alleged that they assisted in "getting up" the inquest, and that it was owing to their evidence that Dr. Goss was committed to take his trial for manslaughter. It now appears, however, that the inquest was demanded by the relatives of the patient, and that neither Dr. Gervis nor Mr. Llewellyn had any concern in it, except that they were, as a matter of course, summoned as witnesses, and, after the verdict of the jury, were bound over to give evidence at the Central Criminal Court. It must be also recollected that it was upon the evidence of Dr. Gervis that Dr. Goss was acquitted. We are very much rejoiced to find that both Dr. Gervis and Mr. Llewellyn positively disclaim any intention of injuring Dr. Goss, who, we must repeat, has been cruelly ill-treated in the whole matter.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. J. MARION SIMS, of New York, contributes some "Clinical Notes on Uterine Surgery," his remarks being confined to the method of uterine examination which he adopts. He describes the position of the patient for the touch or the speculum examination, a common table being recommended by him for the latter purpose; and he prefers the dorsal decubitus for the touch, but for the speculum the left lateral semi-prone position. The speculum employed by Dr. Sims, from 1845 to 1853, was what is called the *duck-bill* instrument, from its peculiar shape. The use of this speculum requires the presence and assistance of a third person; but Dr. Sims thinks that this circumstance is a strong reason in favour of the instrument, and he thus expresses his opinion on this point:—

"I insist that a third person should always be present on such occasions. Delicacy and propriety require it, and public opinion ought to demand it: I do not mean lay, but professional public opinion. I am sure that I never made a vaginal examination or used a speculum a dozen times in my life without the presence of a third person. I have never had a patient to object who was educated or sensible. But the silliest person would see the necessity of it when told that 'propriety required it, even if an assistant were not necessary.' The few that have objected to the presence of another person in the room at the time of a speculum examination have done so from the fear of personal exposure. We are too apt to disregard this innate feeling of delicacy when we have been much used to hospital practice, but we can never make a mistake if we always cultivate the same gentleness and kindness towards the poorest hospital patient that we would towards the highest princess. I repeat, then, that we should never, in our examinations, allow any exposure of person, not even in hospital practice. When the touch is made there can be none of course, with the patient on the back, and covered with a sheet. When the speculum is introduced, we should see only the neck of the womb and the canal of the vagina."

THE OPHTHALMIC REVIEW: A QUARTERLY JOURNAL OF OPHTHALMIC SURGERY AND SCIENCE. Edited by J. ZACHARIAH LAURENCE and THOMAS WINDSOR. No. III. October.

The present number contains a "Case of Amaurosis coin-

cident with Oxaluria," by Dr. William Mackenzie, of Glasgow. The treatment, which was successful, consisted chiefly in the administration of nitro-muriatic acid and sulphate of iron. The next paper is on "Some Cases of Paralysis of the Oculo-Motorius," translated from the clinical lectures of Professor Von Grafe, published in the 'Berliner Klinische Wochenschrift;' and there is also a "Clinical Lecture on Cataract," by the same surgeon, translated from the 'Klinische Monatsblätter für Augenheilkunde.' A "Contribution to the Clinical History of Glaucoma," by Dr. Magawly, of St. Petersburg, is translated from the 'St. Petersburger Medicinische Zeitschrift.' Mr. Robert Moon contributes a "Report of Cases treated at the Surrey Ophthalmic Hospital, under the care of Mr. Laurence;" and Dr. Charles Taylor, of Nottingham, relates some "Cases of Cataract, extracted by Moorea's Method." Mr. Windsor furnishes a "Retrospect of British and Foreign Medical Journals, relating to Ophthalmology," and the number concludes with reviews of Zander's work 'On the Ophthalmoscope,' and Dr. Jago's 'On Entoptics,' and a short notice of the Heidelberg Ophthalmological Congress, held on the 3rd, 4th, and 5th of September last.

The Journal of British Ophthalmology and Quarterly Report of Ophthalmic Medicine and Surgery. Edited by Janez Hoog. No. I. October.

This periodical is intended to be a fair and impartial exponent of the views and practice of English ophthalmic surgeons, and proposes to give prominence to, and extended notice of, the additions constantly being made in this department of the Profession among our own countrymen. It is announced that the contents will consist of Original Articles and Papers, Reports of Hospital and Private Cases, Reviews and Critical Notices of Books and Papers published in Great Britain and in every part of the globe, and of Correspondence, Miscellaneous News, and other matters relating to ophthalmology. The first article is a rather long one, entitled "British *v.* German Ophthalmologists," and is devoted to the subjects of Iridectomy and Section of the Ciliary Muscle. The purpose of the writer appears to be to show that the claims of the German school to originality in the theory and practice of ophthalmic surgery are overrated, and that the researches of British writers have been unfairly overlooked. The well-known paper of Von Gräfe "On Iridectomy as a Means of Treatment in Chronic Iritis and Irido-choroiditis" is sharply criticised, and it is urged that Mr. Hancock's operation for the division of the ciliary muscle will become the general practice in those cases for which iridectomy is now recommended by some ophthalmic surgeons. The rest of the Journal is devoted to Original Articles, Records of Ophthalmic Practice, Reviews, and Hospital Reports. It should be mentioned that the Journal is printed on tinted paper, the effect of which is agreeable to the eye.

The Liverpool New Fever Hospital in connexion with the Liverpool Workhouse has just been opened for the reception of patients. It contains eight wards, each capable of accommodating twenty patients. The space allotted to each patient is 1,100 cubic feet. The total cost has been about 6,500*l.*

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE HOSPITAL.

Case I.—A little boy, a patient from disease of the right side of the lower maxilla. The face was somewhat enlarged, but more especially on the right side, where there was so great a prominence as to lead, at first sight, to the supposition that there was a malignant tumour beneath the cheek, and that it occasioned the projection. This swelling of the face, however, arose altogether from the irritation created by the presence of diseased or dead bone.

At a point in the cheek about a little posterior to the centre of the lower edge of the ramus maxillæ there was an opening in the soft parts, quite large enough to admit the tip of the forefinger; in front of this aperture and a little higher up on the cheek there was another opening, but of a smaller size than the former: both of these communicated with the bone. Through the posterior aperture Mr. Smith proceeded to examine the condition of the maxilla; and not at first detecting any part of the bone to be movable, he hesitated in adopting measures for removing the dead portions, lest in taking them away he should damage the entire bone more than disease had already done. He therefore examined more minutely; and when he had satisfied his mind that the dead bone was mobile he commenced its extraction, using for this purpose, first the forceps and then the gouge. He did not take away all the necrosed bone; as some of it was firmly connected with the living portions of the maxilla and not at all loose, he preferred to wait ten or fourteen days, so as to give Nature an opportunity of throwing off the dead tissues: and he hoped that at the end of such time the diseased part would be completely loosened and would offer no difficulty to removal.

This was the second operation which had been performed upon the boy.

In the course of some remarks upon the case, Mr. Smith pointed out the danger of pushing the administration of chloroform in such a case as the present, when pallor so quickly and to so great an extent overspread the face and the entire surface of the body.

Examination of the fragments of bone subsequent to their removal showed that one of them was altogether composed of osseous tissue completely dead, while the other had part of its bulk dead and the remainder yet living.

Case II.—*Epulis.*—This was a female, suffering from epulis. The tumour grew from the posterior surface of the gum and directly behind the incisor teeth, between which it protruded, but which it had neither dislodged from their sockets nor pushed aside from their regular positions. It was red, smooth on the surface, dense and firm to the feel, and seemed, owing to the projection of its anterior part between the incisors, divided into two lobes.

The patient was not brought under the influence of chloroform. Grasping the tumour with the fingers, the first incisions of dissection were made; and when the blood began to flow, the forceps was substituted for the fingers; the dissection was then completed, a scalpel being used throughout. No teeth were drawn, since such a procedure would have been an ugly complication to the operation, owing to the deformity which would have resulted. The bleeding was arrested by the application of the strong nitric acid.

In the using of this acid Mr. Wood had another object in view beside the arrest of the hemorrhage: it was the destruction of the periosteum whence the tumour had sprung. Moreover, it was also hoped that, this membrane having been destroyed, the flake of bone which lay next to it would be killed and would come away, thus leaving not a trace of the tumour, and precluding the possibility of its being renewed. This plan of removing the periosteum and the bone in immediate contact with it was deemed better than seeking to attain the same objects by means of scraping away the periosteum.

To the naked eye a section of the tumour presented a distinctly fibrous arrangement.

CASE III.—*Oblique Inguinal (or Scrotal) Hernia.*—The protrusion of the bowel was on the left side. The canal was fully open, so that the intestines readily slipped up or down.

The causes of the descent of the bowel were independent of a faulty condition of the peritoneum—an imperfect closure of the canal of Nuck, a late descent of the testis, and want of proper development of that organ. These views concerning the occasion of hernia (inguinal, or scrotal) have been long entertained by Mr. Wood, and have been propounded by him in his treatises on this affection.

In the present instance there was no testis on the side opposite that upon which the descent of the bowel had occurred.

The patient was stout; and the fat which filled the tissues constituted a source of difficulty in the operation, since the greater caution was required in order to avoid forcing it up into the inguinal canal, where it would form only a temporary barrier, owing to the rapidity with which its absorption would be effected. Another difficulty in this operation proceeded from the very great toughness of the scrotal fascia, which on this occasion resisted the knife when applied to it for its division. There was a little more hæmorrhage than is usual in this operation; probably because the scrotal vessels were somewhat enlarged in their calibre, and participated in the toughness of the fascia covering them.

In his remarks, Mr. Wood mentioned, that when operating on the male or the female subject, and there happens to be an abundance of fatty tissue, we must be careful not to attempt to plug the patent canal with it, since we should only be disappointed in our expectations, if we trusted that it would form a permanent and effective hindrance to the descent of the already prolapsed bowel. He likewise pointed out that, in the passing of the needle, we must avoid getting its point entangled in the tissues through which we seek to make it traverse; that the needle, when armed with the wire, must be withdrawn quickly, in order to prevent any such entanglement as we have just noted; that the wire must be strong enough, so as to have no risk of its getting broken, and should have its angle of curvature nicely rounded, in order to avoid any hitching when the needle is being withdrawn, and that the withdrawal should be effected during the expiratory movements, inasmuch as they would aid us in our efforts.

CASE IV.—*Large Fatty Tumour upon Back of Thigh.*—The patient was a woman below middle age, of stout habit of body, and in the enjoyment of excellent health.

Five years since she noticed a little prominence at the lowermost part of the back of the thigh, and immediately above the popliteal space, but she used no attempts at its dispersion, as she dreaded any interference.

With his usual rapidity, carrying the knife from above downwards, and cutting through the integuments and the capsule of the tumour, Mr. Smith turned out the latter by compressing it between his fingers. The entire of this part of the operation occupied an incredibly short time, and the evolution of the tumour was effected so rapidly that it was scarcely perceptible. The bleeding vessels, of which there seemed to be not a few, were secured, and the wound was brought together by the thread sutures; straps of adhesive plaster, pledgets of lint (wetted with water), and the folds of a calico bandage completed the entire operation.

Before its excision the tumour was about the size of the head of a human fœtus; was firm, yet elastic to the touch; readily movable, not alone upon the tissues by which it was subtended, but also underneath the skin. Though firm to the feel, it possessed a certain degree of softnesss, which helped very materially to demonstrate its nature. A number of veins coursed over its surface; and each vessel seemed to be enlarged in its calibre, no doubt from the pressure exercised by the tumour upon the deep as well as the superficial structures.

Previous to making the incision in the skin, Mr. Smith punctured it, driving the knife sufficiently deep to penetrate the tumour also, and thus to ascertain the exact nature of its contents. After the completion of the operation, Mr. Smith dwelt upon the necessity of making this exploratory incision, lest we should be deceived in our diagnosis, and attempt the excision of a chronic abscess which we may have mistaken for a tumour of a nature similar to the present; also of freely dividing the capsule, and of forcing or tearing out its contents. This last-mentioned method of removal is very far preferable to dissecting out the tumour with the knife, since there is not by any means the same amount of time or blood wasted. It cannot, however, be practised if the tumour has been exposed to violence, and should have been attacked with inflammation; because in these instances the capsule will probably be adherent to the substance which it encloses. The under surface of the fatty mass had attached to it a few small masses of the same material, showing that the tendency to the development of such growths still continued. These small bodies would, no doubt, have attained a magnitude as great as the tumour for which the operation was undertaken, had they only been allowed a sufficient time for their development.

CASE V.—*Cystic Tumour of the Eyelid.*—This occurred in an old man. The tumour was situated in the upper lid of the right eye, and had been growing only for a period of five months. As in the last case, Mr. Smith first punctured the tumour, so as to ascertain its contents. These he found to be composed partly of purulent matter and partly of a serous fluid, both of which escaped when the cyst was penetrated. The cyst itself was next most carefully dissected out from its berth, and none of it allowed to remain, lest it should again spring into growth, and so there should be a return of the affection. Simple water dressing was the only treatment which was subsequently used.

LEGAL INTELLIGENCE.

THAMES POLICE-COURT.—CRUEL AND GROUNDLESS CHARGE AGAINST A SURGEON.

Mr. William Richard Goodfellow, surgeon, of No. 81 Turner road, Limehouse, and Mr. Henry English, shoemaker, of No. 6. St. Andrew's terrace, in the same locality, appeared before Mr. Selfe—the first charged with violating the person of Emma English, a girl who will be fourteen years of age on the 25th of this month; the other with assaulting and wounding Mr. Goodfellow in his own shop. The statement of the girl made out a strong *primâ facie* case against Mr. Goodfellow, that he had invited her into the parlour behind his shop on the afternoon of Friday, the 23rd of September, between half-past two and three o'clock, and there committed the offence charged against him. The father was not informed of the dishonour of his daughter until Monday last, and he went to the house of the surgeon and saw Mrs. Goodfellow. He informed her that his daughter had been dishonoured by Mr. Goodfellow, and that he should seek redress. When Mr. Goodfellow returned home he was informed of Mr. English's visit, and what he had said. Mr. Goodfellow sent for the girl's father, who, on entering the shop, upbraided the surgeon with ruining his child, and committed a violent assault upon him, in the course of which he took something from the sleeve of his coat and struck the surgeon with it on the top of his head, inflicting a wound and causing blood to flow copiously.

Mr. Charles Young, for Mr. Goodfellow, addressed the magistrate in a lengthened and able speech. This was a case of the last and most vital importance to his client, a young married gentleman, who only began to practise in May last, and whose good moral character could be testified by a host of very respectable witnesses who were in attendance. The defence he meant to set up, and on which he should rely, was an *alibi*. The defendant was not at home at the time the alleged offence was said to have been committed. He could account for the whole of Mr. Goodfellow's time from an early hour of the morning until a late hour at night on

the 23rd of September. The evidence in support of the *alibi* would be full and satisfactory, and he believed the magistrate would dismiss the case, and declared there was no foundation for this unjust charge.

Many witnesses were called in support of the *alibi*. The defendant was visiting his father, a retired tradesman, No. 33 Arbour square, Stepney, a few yards from the Thames Police-court, from eleven until half-past one. He then left, returned at half-past two, and remained till half-past three, when he led his father to Stepney Old Church, went to No. 6 Upper John street, White Horse lane (a mile and a quarter from Turner road), which place he reached at four o'clock, received some rent for his father, and discussed the necessity of some repairs with the tenant, and then returned to the Turner road. Defendant was visiting patients who called when he was away from his father's house, and was in Arbour square from half-past two to three o'clock.

Mr. Thomas Arthur Hardy, of No. 22 Turner road, was sent for to the defendant's house on Monday last. He found him bleeding from a wound on the head. A police-constable was sent for and they went to Mr. English's house. It was reported he was not at home. He then accompanied Mr. Goodfellow to the surgery of Mr. Nightingale, where his head was dressed, and returned to the house of Mr. English. They saw Miss English and some women in the passage. Mr. Goodfellow asked the girl if anything improper had ever passed between them, and she replied, "No, sir."

Mr. Selfe said he had given much attention to this case, and fully and deeply considered it. The case was a frightful one on one side or the other. Mr. Goodfellow was either a villain of the deepest dye or a much-injured man. There was no other alternative. The defendant was either wholly guilty or wholly innocent. He could come to no other conclusion than that Mr. Goodfellow was an innocent man (loud applause, which was soon suppressed, followed this announcement). Mr. Selfe then went over the evidence, and said he never heard an *alibi* more perfectly and satisfactorily sustained. The defendant's journal and the entries in it from day to day were unmistakable evidence in confirmation of the *alibi*. He wished to say as little as possible of the girl's testimony. She was evidently a girl of some attainments and education. Apart from the contradictions in which she was involved by the testimony of the women called for the prosecution, there were peculiarities in the family to which she belonged, and from some irregularities which had lately occurred in her condition he was afraid she had been labouring under some aberration of intellect. He hoped that was the explanation of the story she had given. Not only would no jury convict if he sent this case for trial, but no jury ought to convict. That disposed of the case against Mr. Goodfellow, who was discharged. He would now allow Mr. Goodfellow to be examined on oath as to how he spent the day on the 23rd of September.

Mr. Goodfellow was sworn, and detailed all that he had done on the day named, and that he was from home from half-past ten until five o'clock. He never heard of any charge against him until last Monday afternoon, and he immediately proceeded to Mr. English's house.

In answer to questions from Mr. Selfe, he said he had talked to the girl across the counter in his shop several times. She was twice in his parlour, on Friday and Saturday last week. She asked permission to look at the flowers in his garden, and she looked through the window. Others were present at the time.

Mr. Selfe said nothing could be more satisfactory than the statement of Mr. Goodfellow. He then called upon Mr. English to stand up, and, addressing him, said it was impossible not to sympathise with him, and there was no doubt that labouring under the impression his daughter had been dishonoured by the surgeon he went to his shop and committed a violent assault upon him.

Mr. English wished to repudiate the impression that there is any insanity in him or his daughter.

Mr. Selfe.—I did not say there was. There are various inscrutable ways in which a faulty mind will exhibit itself. The girl has misled her father.

After some further conversation, Mr. English was called upon to enter into his own personal recognisance in the sum of 50*l.* to keep the peace and be of good behaviour to all her Majesty's subjects, and especially to Mr. Goodfellow, for the next six months.

Mr. Goodfellow.—Do I leave this court without a stain on my character?

Mr. Selfe.—I have fully vindicated you, and believe in your entire innocence.

Mr. Charles Young was quite satisfied with the magistrate's decision and explanation.

The investigation lasted six hours. The Court did not adjourn until eight o'clock in the evening.

[This is one of the most monstrous cases of which we have ever heard. We hope that Mr. Goodfellow will indict the girl for perjury,—Ed. Medical Circular.]

MARLBOROUGH STREET.

The Medical Act.

Mr. Talley, of Beaconsfield, Bucks, attended before Mr. Tyrwhitt, and said he had received a letter from Dr. Kahn, expressing a hope that it would be publicly represented that a person was misrepresenting him by using his name. He did not wish, beyond reading the letter he had received, to occupy the time of the Court.—Mr. Tyrwhitt said he did not see why Mr. Talley should do so. There were no proceedings under the Medical Act before him. He did not wish to hear the letter read, and would not.—Mr. Talley said that being the case he wished to make an application against a person keeping an anatomical museum.—Mr. Talley then entered into a long statement, which was interrupted by Mr. Tyrwhitt asking him to let him know what his application was for.—Mr. Talley said it was for a summons under the 4th section of the Medical Act against a person assuming the title of physician, and carrying on an extensive practice according to his own statement. He (Mr. Talley) had been through that museum kept by him, and there were not fewer than 40,000 representations in it. The person was practising a gross fraud on the public, as Dr. Kahn was in Vienna.—Mr. Tyrwhitt asked Mr. Talley for the letter from Dr. Kahn, and the handbill alluded to in it.—Mr. Talley said his worship would see that the handbill stated—"Dr. Kahn, finding that the great demands upon his time at his museum rendered it necessary that he should see patients there only, begs to intimate that he can no longer be consulted at his private residence."—Mr. Tyrwhitt said the question was, whether the statement was not true when the handbills were issued.—Mr. Talley said the bills were issued daily; he had them thrust into his hand on all sides. He wanted a summons against the person who practised at the museum.—Mr. Tyrwhitt asked Mr. Talley how he could show the person practised.—Mr. Talley said he would do so. He had not brought his witnesses with him, wanting the summons first.—Mr. Tyrwhitt said he would not grant a summons till he had a good deal more laid before him. When Mr. Talley showed him that the person at the museum practised as Dr. Kahn he could have a summons, but not all the eloquence in the world would induce him to grant one before.—Mr. Talley then left the court, and shortly after returned, stating that he had to apply for a summons against Mr. Bearnard.—Mr. Tyrwhitt inquired what the summons was for.—Mr. Talley said that on a former occasion he (Mr. Tyrwhitt) gave him permission to apply again.—Mr. Tyrwhitt remarked that Mr. Talley had already done so, and that he then told him, as he would do again, that he would grant no summons in the case till after the 10th of November.—Mr. Talley said he was acting on public grounds, and according to his instructions, and he was much obliged to his worship for the hearing he had given him.

ST. MARYLEBONE REPRESENTATIVE COUNCIL.

THE MEDICAL OFFICER OF HEALTH FARCE.

The appointment of the Medical Officer of Health for the parish of St. Marylebone continues to excite much interest throughout the district, and it having become known that the committee of the whole board as to the duties and salary of such officer would present their report to the meeting of the Representative Council on Thursday, every seat was filled. Mr. Churchwarden Baddeley presided.

The vestry clerk read the report, which was of a very meagre character, simply referring to the regulations and duties pertaining to the medical officer of health when Dr. Thomson was appointed, but recommending a reduction in the salary to 300*l.* a-year. It was as follows :—

"St. Marylebone, Oct. 5th, 1864.

"At a committee of the whole board on the duties and salary of the medical officer of health,

"Your committee report :—That they have considered the duties of medical officer of health as laid down in the Metropolis Local Management Act, and the report of the committee of vestry of January 5, 1856, and entered upon the minutes of the 19th day of January, 1856 ; and they have also referred to the Metropolis Gas Act of the 23rd and 24th Vic., cap. 125, for appointment of chemical examiner of gas, and the Adulteration of Food Act of the 23rd and 24th Vic., cap. 84, for the permissive appointment of analyst of articles of food and drink, and they recommend that the report of the committee in January, 1856, be considered as the standard of the duties to be performed for the future, and that to those duties be added those of examiner of gas under the Metropolis Gas Act of 1860, and that the salary for the duties of the medical officer of health, including the examination of gas, be 300*l.* per annum. Your committee have considered as to appointing the medical officer of health also analyst of food and drink, but they do not now recommend any appointment under the Adulteration of Food Act.

(Signed) "George Bachhoffner, Chairman."

Dr. Bachhoffner moved the adoption of the report, and in doing so referred to the general feeling there was in the committee of the whole board that 300*l.* per annum was a sufficient salary for the office.

Mr. Tavener contended that the report was a most meagre and indefinite affair ; and as it did not specify the duties required of a medical officer as an analyst, and was, in fact, generally very indefinite, he moved an amendment "That it be referred back to the committee for further consideration, and for a more definite report."——This was seconded, but negatived by a large majority.

Mr. Vesey moved a second amendment, to the effect "That the report be adopted, with the exception of its reference to the former report of January, 1855, not restricting the medical officer of health from private practice, and that the medical officer of health be required to devote his time and talents exclusively to the duties of the office." If they wished to have the duties of this very important office properly discharged, they must have a gentleman who would devote the whole of his time to the service of the parish.——Mr. Tavener said the course which the committee of the whole board had adopted in reducing the salary to the sum of 300*l.* per annum would only bring them third-class men, instead of first-class men as candidates. Why not give a proper salary, and have a gentleman who could devote the whole of his time to the duties of the office. Believing that this amendment was a step in that direction, he would second it.

Mr. Yardley (the magistrate) had not pledged himself to vote for any candidate, but he could not allow the observations of Mr. Tavener to pass without saying that it would appear from that gentleman's observations that that vestry was desirous of obtaining the services of the most inefficient officer possible.

Mr. Tavener : Yes ; that is what it appears to me by offering such a salary.

Mr. Yardley did not agree with him. He would venture to say that they could not get any gentleman who would consent to devote the whole of his time as medical officer of health under any circumstances ; therefore the amendment was preposterous.

This amendment was put and negatived, amidst loud laughter, there being but two hands in its favour.

The report was then put and carried with but two or three dissentients.

Mr. Hutchons congratulated the board that they had at last arrived at this stage, and moved a resolution to the effect that advertisements be issued inviting candidates to send in their testimonials for the office on Thursday next ; that they then be reduced by show of hands to two, and that such two proceed to the election on the following Thursday.

Mr. Herring denounced the advertising for candidates as a perfect farce, and declared his intention of putting a notice of an amendment to Mr. Hutchon's motion on the paper, to the effect that a certain gentleman be at once elected to the office of medical officer of health. (Cries of "Hear, hear," and "oh, oh.")

Professor Marks felt pretty much as Mr. Herring did on this question, but still he hoped that Mr. Herring would do nothing so well calculated to bring that board into ridicule and disrepute.

Mr. Herring said he should persist, but it was ultimately understood that he would not, although he said it would be a perfect farce to advertise for candidates, as Dr. Whitmore was sure to be elected.

The proceedings then terminated.

MEDICAL NEWS.

Royal College of Physicians of London.—At a general meeting of the Fellows, held on Friday, September 30, 1864, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College :—Cornelius Benjamin Fox, M.D. Edin., Truro, Cornwall ; Thomas Stevenson, M.B. Lond., Guy's Hospital.

At the same meeting, the following gentlemen were reported by the Examiners to have passed the preliminary examination in the subjects of General Education :—William Bernard Boyd, Wells, Somerset ; Alexander Fox, Stoke Newington ; Thomas Joshua Gittens, Barbadoes ; Frederick George Guy, Shoeburyness ; Anthony Alfred Henley, Ringwood ; Edward Withers Minter, Southsea ; George Hargrave William Broughton Parker, King's College ; Henry Sutcliffe, Rochdale.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received certificates to practise on Thursday, September 29, 1864 :—David Chas. Lloyd Owen, Smethwick, Birmingham ; George Fowler, Jun., Newington terrace, Kennington park ; Fenwick Metcalfe, Inglethorpe Hall, Wisbeach ; Geo. Richard Turner Phillips, Leinster square, Hyde park ; Henry John Ryder Bush, Warwick street, Regent square ; Henry Thomas Ryder, Upper Fitzroy street, W. ; Joseph Birt, Grove House, Leamington.

The following gentleman also on the same day passed his first examination :—Charles E. H. Rogers, Westmeon, Petersfield.

Professor Owen, F.R.S.—On Monday week this gentleman delivered in the Temperance Hall, Birmingham, the first of a course of four lectures "On the Classification, Geographical Distribution, and Geological Relations of the Class Mammalia." So great an interest did the appearance of this distinguished physiologist in Birmingham create, that the large hall was filled in every part.

Health of the Army Abroad.—The returns which have been issued from the Army Medical Department relating to the health of the army in 1862 are not quite complete in so far as regards the European regiments in India in that year. The general abstracts, however, include all but one regiment, and present this very encouraging result :—Admissions into hospital, 1,736 per 1,000 of mean strength ; deaths, 25·68 per 1,000, the deaths being nearly a third

under the proportion of 1861. The mortality in the Madras Presidency was 20·83 per 1,000 ; Bombay, 24·60 ; and Bengal (where the majority of the troops are quartered), 27·55, the Bengal mortality of 1860 and 1861 having averaged 42·27. These statements include the deaths of invalids on their passage home, or while waiting their discharge in England. There were no less than 96 cases of sunstroke, or heat apoplexy, and 30 terminated fatally. A death from starvation is recorded, that of a corporal of the 54th Regiment, who deserted, taking with him some public money, and who, after living on berries in the woods for some time, was found starved and dying. The number of invalids sent home in the year for discharge or change of climate was 1,795, being 28·17 per 1,000 of mean strength. The return of deaths at each age shows a much more rapidly progressive increase of mortality in India with the advance of age than is usual in temperate climates, the mortality at the ages 35·39 being double that at the ages 20·24 ; the practical bearing of these results upon the question of the reliefs of regiments in India must be obvious. In 1862 the deaths from spasmodic cholera in Bengal were only a third of the ratio of 1861, but it still remains the chief cause of mortality in this presidency, and its fatal character appears to have undergone no modification, the proportion of deaths to cases having still been 1 in 1·61. Passing now to the European troops employed in China in 1862 we find an average strength of 3,511, admissions into hospital 1,847 per 1,000 men, and deaths no less than 99·12, literally decimating the force. This is due chiefly to the returns from North China ; in South China the ratio was 28·78. At Shanghai, where the average strength was 1,362, the deaths were 163 per 1,000, a fearful rate of mortality, due in nearly equal proportions to epidemic cholera and to dysentery and diarrhœa. There was a large increase of the force there just at the commencement of the usual sickly season, and Shanghai abounds in all the elements of unhealthiness. The army surgeons are not sanguine of its ever proving a healthy station for European troops. The ravages of cholera were not confined to the country round Shanghai, but extended along the north of China, crossing over to Manchuria and reaching down to Japan. It is estimated on good authority that between Shanghai and Seon-Kiang, distant some forty miles, about an eighth of the Chinese population died from cholera in 1862. With relation, next, to New Zealand, we learn that the average strength was 5,482, the admissions into hospital only 546 per 1,000, the deaths 9·10. Mr. Mouat, Deputy Inspector-General of Hospitals, notices the comparative absence of some diseases, as venereal and malarious fever, and the entire absence of others, such as small-pox and cholera ; he considers that with improvements (much required) in barracks, a proper check upon intemperance, and an allowance of four consecutive nights in bed, the mortality might be reduced one half. In Australia the average strength was 1,000, the admissions into hospital 683, and the deaths 22. This is a considerable increase in the mortality ; it occurred chiefly in tubercular diseases, which were three times as fatal as usual. This probably arose from the circumstance that when the 12th and 40th Regiments embarked for service in New Zealand, all the weakly and delicate men were transferred to the wings of these corps, which were left for service in Australia. But making every allowance for this, the number of cases of sickness and deaths is still so high that it would seem to indicate that the Australian climate is not well suited to persons having a tendency to tubercular disease. In Ceylon the force was below 1,000 ; the returns show a considerable decrease in the admissions into hospital, but the deaths continued above 19 per 1,000. Here also tubercular diseases were a source of considerable mortality, but were comparatively rare among the native troops. Dr Dane, Deputy Inspector-General of Hospitals, reports that a complete change in the construction of the buildings occupied by the European soldier will have to be made before he can be placed in a fair position to contend against the influence of the climate. In Mauritius the deaths rose to nearly 44 per 1,000, owing to the prevalence of epidemic cholera ; the mortality from it amounted to 1 in 2·64 cases. The chief cause of the invaliding, which was much above the average of the three preceding years, was pulmonary disease. At the Cape of Good Hope the average strength was 4,519, the mortality 9·73 per 1,000, just 1 per 1,000 above that of the army at home in the same year ; more than 20 men per 1,000 were in hospital for diseases directly resulting from intemperance. From the West Indies the mortality return from Jamaica, 12·81 per 1,000, is favourable, but in the Windward and Leeward command the deaths were 13·10 per 1,000, which is considerably higher than in the previous year ; the increase was owing to an outbreak of yellow fever at Barbadoes. Steps have been taken for remedying various sanitary defects in the barracks. From Canada the return is favourable—admissions into hospital 667 per 1,000, and deaths 8·36, and this notwithstanding that upwards of half the troops had to travel into Canada in the depth of winter, and that the sudden accession caused for a time a considerable degree of overcrowding. The admissions into hospital were chiefly from venereal disease or the consequence of intemperance. The former is most prevalent in the summer, owing to its importation by sailors on the opening of the navigation. It is suggested that they be examined by the health officer before being allowed to land. At Malta this class of disease was reduced in the year by more than half, owing to the adoption of a system of police surveillance of the loose women. At Gibraltar the sickness and mortality were lower than in the army at home, but continued fevers were in excess of the average. They are attributed to the continuance of imperfect drainage, overcrowding, intemperance, and exposure to the heat of the sun on the public works. Mr. Paynter, Deputy Inspector-General of Hospitals, believes intemperance to have been the source of two-thirds of the diseases which came under treatment. In the whole army at home and abroad in the year 1862 the admissions into hospital amounted to 1,165 per 1,000 of mean strength, the deaths to 16·38, and the discharges by invaliding to 26·13. The number constantly non-effective by reason of sickness was nearly 50 (49·77) per 1,000, excluding Bengal, from which there is no return.

Metropolitan Association of Medical Officers of Health.—At the first meeting of the above Association for the present session, held at the Scottish Corporation Hall, Crane court, Fleet street, on Wednesday afternoon, Dr. Hillier in the chair, the following resolution, moved by Mr. J. Liddle, and seconded by Mr. Burge, was carried unanimously : "That the members of this Association deeply lament the loss they have sustained by the decease of its late President, Dr. Dundas Thomson, F.R.S. To the late Dr. Dundas Thompson the medical officers are not only greatly indebted for the zeal and energy he constantly manifested in the promotion of the interests of the Association, but especially so for the kind services he liberally afforded them by throwing open to their use at all times his valuable chemical laboratory, and for his personal assistance so freely given to them in their investigations. The Association are desirous of recording an expression of the esteem and respect they felt towards him, and also the opinion they entertained of the very able, efficient, and courteous manner in which he discharged the duties of President during the whole time he held that office. That a copy of this resolution be forwarded to Mrs. Thomson, signed by the chairman. Resolved also that the meeting do convey to Mrs. Thompson an expression of its heartfelt sympathy with her, in this hour of her affliction, in the irreparable loss she has sustained in the premature death of her late husband." The Association then proceeded to the election of a new president, and the choice fell upon Dr. Druitt, one of the medical officers for St. George, Hanover square.

Statues to Eminent Medical Practitioners in France.—Statues are to be erected, in their respective native places, to Laennec and to Dupuytren. There is, however, a marked difference as to the sources whence these tokens of respect originate. In the case of Dupuytren, the mover is the prefect of the department; in Laennec's the medical association.

Leprosy in India.—The Royal College of Surgeons having prepared a series of interrogatories, with a view to collect information concerning leprosy, copies were sent to

this country and forwarded to medical officers in all directions, with a request that they would furnish full and explicit replies to the queries propounded. Those attached to stations in the Upper Provinces have complied with these injunctions; and their reports have been published by the Government. Although treating on a disorder which all mankind have consented to look upon with loathing, these documents are full of interest. They make us acquainted with many singular facts of which we were before ignorant, and, descending as they do to details, they place before us, as in a mirror, the physical, social, and moral position of the unhappy sufferers. With the appearance of the disorder all our readers must be more or less familiar. Our streets and bazaars furnish us with terrible illustrations of the ravages which this disease makes on the human face and figure. The disease generally manifests itself at from twenty to thirty years of age, and proves fatal in from twelve to thirty. It is, however, very seldom in itself attended by such results, but it commonly induces a predisposition to other diseases, such as dysentery, low fever, &c., from which the patient generally dies. It is allowed that it more commonly attacks the male sex, but as females can and do conceal the disease, and are themselves prevented from appearing in public when belonging to any but the poorer classes, this assertion must be accepted with an allowance. Opinions would appear to be divided as to whether it attacks Europeans in this country or not. It affects Hindoos and Mahomedans almost equally, and occurs both among high caste men who eat only vegetables, and low caste men who eat everything. The disorder is by some attributed to the miserable way in which natives live, in foul unventilated houses, alongside of miasmatic marshes and heaps of all kinds of filth, wearing clothes which they never put off except for a few minutes when they dip them in some pond, and their generally unclean habits. But in this some of the writers cannot agree. The disease is considered hereditary. Dr. Paske, of Saharunpore, states that the belief in the hereditary transmission of this disease was so deeply grounded in the minds of the Rajabeer generally, that they were in the habit of burying alive, not only the leper himself, but all his relatives and friends, lest in multiplying their kind the disease should be communicated to distant generations. Of course the practice has been checked by Government. In Shreenuggur, Gurhwal, a similar custom prevailed. Every person affected with leprosy was buried alive, a father burying his son, and a son his father. Here, also, Government interposed. Although the natives believe that leprosy is contagious, the authors of the reports before us are decidedly of a different opinion. Lepers retain their wives who are never affected; hospital servants who wash the ulcers of these unhappy sufferers remain free; wealthy lepers entertain men for the same purpose, who wash and dress their sores once or twice a day, and are in constant attendance on them, and are yet untouched by the disorder. Dr. Corbyn, of Bareilly, mentions an instance of a woman, who is a leper, being employed as a cook in a public serai, and she assured him that no objection had ever been made by travellers to food prepared by her. Dr. Paske believes that the discharge from the ulcerative stage, if applied to an abraded surface, would inoculate the individual with whom it came in contact. Dr. Loch, of Mirzapore, and Dr. Annesley, of Jhansie, report two cases of spontaneous cure, the former of father and son, the latter of two women. In the former case the boy was wholly cured, the father partially. But, generally speaking, medicine can only check progress, not restore the patient to perfect health. We hope the intention expressed by Mr. Paske at the end of his letter will be carried into effect, and that he will microscopically examine the different forms of the disease and the blood secretions, and subject the bodies of defunct lepers to a close examination. Results may be obtained of the most important character such as shall enable medical officers to contend successfully with the most loathsome and repellent disease by which human nature is afflicted.—'Bengal Hurkaru.'

The Medical Congress at Lyons.—This congress was opened on the 26th inst., under the presidency of M. Barrier. Nearly 300 members sent in their adhesion; and a great portion of these were present. Valuable papers were read in the morning meeting "On Embolism;" and in the evening the memoirs were "On Progressive Muscular Atrophy." The discussions which followed in both instances were highly interesting and instructive.

Dr. Russell Reynolds has been elected a member of the Imperial Academy of Naturalists of Vienna. The Academy is one of the oldest in Germany; amongst the members we find the most renowned men of all countries, both in Natural Philosophy and Medicine, and the works of the members, the well-known "Nova Acta Acad. Caes. Nat. Curios.," form a most valuable source for researches in those sciences.

Health of the Army at Home.—The annual reports—statistical, sanitary, and medical—from the Army Medical Department have been issued in relation to the year 1862. The average strength of non-commissioned officers and men in the army serving in the United Kingdom was 78,173; and for every 1,000 of mean strength there were, in the year, 989 admissions into hospital, 53·45 constantly sick, and 8·72 died. All these numbers are lower than the average of the two previous years. The reduction in the mortality was chiefly in miasmatic and respiratory diseases. Venereal diseases, though decidedly less prevalent than in the two previous years, continued to hold a very prominent place as causes of inefficiency, the admissions into hospital still reaching to a number about equal to a third of the number of the entire force. At Colchester the admissions were as high as 464 per 1,000 of mean strength; at Manchester, 455; at Canterbury, 441. The total inefficiency from this cause was equal to the loss of every man in the home force for eight days, or the constant loss of two regiments out of 78,000 men. Intemperance also causes a considerable amount of inefficiency; in the cavalry depôts the admissions into hospital from intemperance and delirium tremens reached 13·17 per 1,000 of mean strength. Corporal punishment ranged between 6·4 per 1,000 in the Military Train, and 0·6 in the Foot Guards, but in none of the arms, except the Military Train and depôt battalions, did it amount to two in a thousand of the force. The mortality in the cavalry, artillery, Military Train, and infantry regiments was below that of the civil population of healthy districts in England at the same ages. but the mortality is kept under by the process of invaliding. The invaliding, however, was much less than in the previous year, and amounted to only 41·27 per 1,000, or 3,226 in all. The mortality in the regiments on the average of three years was lower than in civil life under 25 years of age, the same as in civil life between 25 and 30, but considerably higher at the more advanced ages. In the French army serving in France in the same year, 1862, the number constantly non-effective from sickness and the sick time to each soldier were almost identical with those of the British army at home. The deaths of non-commissioned officers and men in the army serving in France amounted to 9·59 per 1,000, or 0·87 above that of England. It appears a legitimate inference from the French returns that the cases of venereal disease in the year were at least as numerous, in proportion, as in the British army.

Death under the Influence of Chloroform.—A youth named John Downing, aged fifteen, an in-patient of the United Hospital, Bath, died on Saturday week, while under the influence of chloroform, which had been administered to him with a view to a surgical operation. An inquest was held at the Guildhall on Monday, before Mr. A. H. English, coroner. From the evidence of Mr. R. T. Gore, Surgeon, it appeared that the deceased, who was the son of a small farmer at Seend, near Melksham, was admitted to the hospital about a month ago with a crippled leg, with which he had been afflicted from his birth. It was found that nothing could be done for his benefit but amputation. This was communicated to deceased's friends, who consented to that step being taken, and he himself expressed his willingness thereto, and also a wish that chloroform should be given him while the operation was being performed. Mr. Gore having minutely examined him, and found that he could bear it, arrangements were made for the administration of

chloroform, and a smaller dose than usual was administered by Mr. Gaine, Surgeon-Dentist to the Hospital. The administration had the desired effect, and the operation went off well, and was to all intents over, when it was discovered that deceased's circulation had stopped. Every restorative remedy was promptly applied, but without avail. Mr. Teale, the House-Surgeon, having corroborated the evidence of Mr. Gore, and stated the result of a post-mortem examination he had made, the jury returned a verdict to the effect that deceased died from chloroform causing an arrest of circulation through misadventure.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 12.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, OCT. 13.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, OCT. 14.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 15.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 17.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 18.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Eighth Annual Report of the Medical Officer of Health made to the Vestry of St. James's, Westminster.

The Journal of Mental Science. Edited by C. L. Robertson, M.D., and H. Maudsley, M.D. No. LI.

The Social Science Review for October.

The Ophthalmoscopic Review: a Quarterly Journal of Ophthalmic Surgery. Edited by J. Z. Laurence, Esq., and T. Windsor, Esq. London: R. Hardwicke, 192 Piccadilly.

Present State of the Dietary Question. By Dr. E. Smith. London: Walton and Maberly, Upper Gower street.

The Journal of British Ophthalmology and Quarterly Report of Ophthalmic Medicine and Surgery. Edited by Jabez Hogg, Esq. London: John Churchill and Sons, New Burlington street.

A Manual of Practical Hygiene, prepared especially for use in the Medical Service of the Army. By Edmund A. Parkes, M.D., F.R.S., &c. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

R. P., *Bath.*—Dr. Livingstone is a member of the Medical Profession, being a Licentiate of the Faculty of Physicians and Surgeons of Glasgow.

A SUFFERER.—There is nothing unusual in the case, which may be safely left to the care of your ordinary Medical adviser.

CHIRURGUS.—In our opinion, a physician who pays what he calls "friendly visits" to a patient in the absence of the general practitioner in attendance, violates one of the first rules of Medical etiquette.

DR. H. S.—The pretended diagnosis of disease by the examination of a patient's water was very much practised in the time of Elizabeth, and hence the allusion to the circumstance in some of Shakespeare's plays.

MR. FLETCHER.—The newspaper has been received.

DR. H.—The notice is inserted.

A STUDENT.—Apiol is the active principle of the parsley (*apium petroselinum*), and is said to be useful in some cases of dysmenorrhœa.

DR. S., *Mile-end road.*—We are not aware of any cases in which the application of venereal matter to the uninjured skin has caused a chancre. There must have been some abrasion in the case referred to.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
T. H. Fenn, Esq., Sudbury	0	10	6
Ed. Bicknell, Esq., Coventry	1	1	0
Dr. H. Clark, Sedgefield	0	10	0
Dr. Jas. H. Dowling, Cerne	0	5	0
Dr. S. H. Steel, Abergavenny	0	10	6
Amount previously announced	64	16	6
Received at the 'Lancet' Office	3	11	0

Yours obediently,

ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Oct. 5, 1864.

WE have received a copy of the 'Brighton Observer' of the 7th inst., containing the account of an inquest upon a woman who had caused her own death by taking the tincture of ergot of rye, as it is supposed, for the purpose of causing abortion. It appears that she took, for eleven weeks, one tea-spoonful three times a day of the tincture of the ergot. The verdict was *felo de se*, and the jury appended to their verdict their opinion that greater caution should be observed by chemists and druggists in dispensing such drugs. A Dr. Edward Roberts came forward voluntarily to give evidence, and stated his opinion "that death could never be primarily caused by ergot of rye," but gave no reasons for holding this strange view.

General Council of Medical Education and REGISTRATION of the UNITED KINGDOM,

32 Soho square, London, W.

NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1865, as directed by the 27th Section of the Act, will contain those names only which appear in the General Register as existing on the 1st day of January, 1865.

It is particularly requested that claims for the Registration of first or additional Qualifications, and NOTICES OF ALTERATION OF RESIDENCE, may be sent to this Office as soon as possible.

October, 1864.

St. Pancras, Middlesex.—Resident ASSISTANT-SURGEON to the WORKHOUSE and INFIRMARY.—

The Vestrymen of the said Parish will meet at the Vestry Hall, King's road, Pancras road, on MONDAY, the 17th October instant, at Ten o'clock in the forenoon, to receive applications in writing from persons desirous of being admitted Candidates for the above office. Candidates to be eligible must be unmarried and possess one of the two following qualifications—viz.: 1st A Diploma or Degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a Degree in Medicine from a University in England legally authorised to grant such Degree, or together with a Diploma or Licence of the Royal College of Physicians of London; or, 2ndly. A Diploma or Degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, together with a Certificate to practise as an Apothecary from the Society of Apothecaries' of London. Salary 85*l.* per annum, with board and residence in the Workhouse. The appointment determinable by one month's notice from any time, by either party, or by payment of one month's salary, from any time, in lieu of notice, without any allowance for board and residence. The person elected will be required to commence his duties immediately after election. Applications endorsed "Resident Assistant-Surgeon," accompanied by Certificates of Qualifications and Testimonials of recent date (not exceeding six in number), to be left here before Two o'clock on Saturday, the 15th October next.—Candidates to be in attendance on Monday, the 17th Oct., at Half-past Ten o'clock in the forenoon.—No travelling or other expenses will be allowed on any occasion of attendance.

By order,

Vestry Offices, Pancras road, F. PLAW, Vestry Clerk.
October, 1864.

St. John's Hospital for Skin Diseases,

12 Church street, Westminster.—SESSION 1864-65.

Physicians—Tilbury Fox, M.D., J. Mill Frodsham, M.D.
Surgeons—Erasmus Wilson, F.R.S., J. L. Milton, M.R.C.S.

The Introductory Lecture (to a Course) will be delivered by Erasmus Wilson, Esq., F.R.S., on Thursday, October 13th, at 8 p.m.

Clinical Lectures will be delivered during the Session by the Medical Officers.

Fees for Hospital Practice, &c., for three months, 3 guineas; perpetual 5 guineas.

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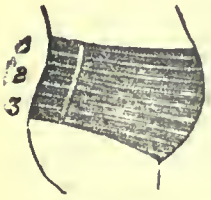

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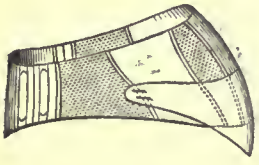

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where there is the LARGEST STOCK IN LONDON, is Mr. WILLIAM LAWLEY'S, 73 FARRINGDON STREET, CITY.

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TO THE MEDICAL PROFESSION.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 232.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Distension of the Bladder.—So far as I know, this cause of flooding has not hitherto been mentioned in any of the principal treatises on Midwifery. My own attention was drawn to it through the great similarity of the answers which I repeatedly received to one of the questions usually put to patients on the first visit after delivery, "Have you lost much?" The answer frequently given was, "Yes, sir, until I made water." I do not for a moment think that, in all these cases, the hæmorrhage was due to distension of the bladder, for some of them will bear a different explanation. It is not uncommon for blood to collect and coagulate in the upper end of the vagina, which is much more capacious and baggy than its vulval extremity. From these clots a draining of blood continually goes on, and gives to the patient the notion that she is losing a great deal. In four or five hours after the termination of labour she turns over on her knees, or, may be, sits up, for the purpose of emptying the bladder. During the exertion made, and from the position necessarily taken by the patient, the clots collected in the vagina slip out, and the draining from them also, of course, ceases. In such cases, the full bladder and the free draining of blood do not stand in the relation to each other of cause and effect. The above explanation will not, however, hold good in every instance, for I have now met with seven cases of flooding which were distinctly set going and kept up through the injurious influence of a distended bladder upon the lately parturient uterus.

The bladder, when distended, from its intimate connection with the lower fourth of the uterus, readily displaces or dislocates that movable organ. It may displace the uterus in four directions—either backwards, as in retroversion; upwards, or to one side, as may be noticed after delivery; and downwards, if the bladder should be prolapsed. After delivery, the two most common displacements of the uterus from a full bladder are directly upwards or towards one or other iliac fossa. The hæmorrhage results from the uterus not being able to contract perfectly, either on account of its being displaced, or through the sympathetic influence which exists between the two contiguous organs. A distended bladder is probably one of the causes of *primary* post-partum hæmorrhage only; for, although it might induce in a few cases a slight degree of secondary hæmorrhage, I have generally noticed that, if the uterus once contracts firmly, and keeps so for several hours, subsequent distension of the bladder merely displaces it, but does not affect it so as to set up flooding.

Diagnosis.—If the bladder should be distended before delivery, it becomes necessary to find it out for one or two reasons: we may save the bladder from rupture; at all events we may give our patient great relief; and lastly, but not least, we may by timely aid prevent flooding from coming on after the birth of the child. When the bladder is full to a considerable extent during labour, generally the sufferings of the patient are very much aggravated. At every uterine contraction the uterus is thrown forwards, and produces considerable pressure upon the bladder. The countenance and attitude of the patient draws our attention at once to the agony she is undergoing. Instead of bearing down, as is usual with women after the os is fully dilated, the pain seems too great; the mouth is kept wide open, and the eyelids also; the eyes are fixed; the eyebrows knit; the breathing is suspended for a moment; the chin thrown forwards and upwards, and the shoulders raised. The whole appearance of the patient leads one to fear that, if the uterine contraction were only to last a little longer, some grave accident would certainly take place. Notwithstanding the severity of the pain, the progress of the labour is often slow. When the uterine contraction passes off, of course the pain is very much less; but the patient still complains of an uneasy sensation in the hypogastric region, and she tells you that the pain never goes quite off. Such symptoms as unusual suffering, the progress of the labour not being by any means equal to the severity of the pains, and there being no obstruction to the birth of the child to account for the slow but very painful labour, should be quite sufficient to make us suspect the condition of the bladder, and make it advisable to pass the catheter, even if the patient should tell us that she has passed her water only a short time before. We cannot tell readily, by an abdominal examination before delivery, whether the bladder is full of urine, because, from the pressure of the gravid uterus, the bladder gets flattened from side to side, and also from the abdominal cavity being so uniformly distended by its various contents. The diagnostic signs of a distended bladder after delivery are more conclusive. We can at any time study them by telling a patient lately confined not to empty the bladder for ten or twelve hours, and we shall then be able to examine at leisure the effect of a distended bladder upon the uterus. The proper position of the uterus after delivery is the hypogastric region; but when the bladder is distended, the uterus is displaced and its place filled up by the bladder. We find the utorus either still keeping its central position, and pushed directly upwards as high as the umbilicus or even above, or we find it lying towards one or other ilia of the pelvis. The fundus of the uterus reaching as high as the umbilicus, or even extending above that point, would not of itself be sufficiently diagnostic, for it might be due to simple hypertrophy of its structure, or to its cavity being distended by some foreign mass. The characteristic point is, that, in distension of the bladder, the continuity of the uterus into the pelvis is suddenly lost. When the bladder is empty, if we pass our haud over the uterus from the fundus downwards, we feel it dipping into the pelvis at the symphysis pubis, but not so when the bladder is full; we then feel a soft, fluctuating tumour intervening between the hard structure of the uterus and the pubes. If the elevation of the uterus were due to hypertrophy of its structure, or the distension of its cavity by clots or placenta, we would still feel the hard uterus passing into the pelvis at the symphysis; whereas, in distension of the bladder, we lose the hard structure of the uterus at some distance from the pubis, the space intervening being occupied by the soft, fluctuating bladder. If the urine be now removed, the uterus, whether it were high up before or turned to one side, will be found to have descended and taken up its usual central position in the hypogastric region, and the fluctuating tumour will have disappeared.

The patient also often complains of a great load in the supra-pubic region, or expresses a desire to make water. If we place the tips of our fingers on the soft mass between the uterus and pubes, and give with them a sudden jerk, the patient will generally flinch, and say that she wishes to pass water. The flinching and desire to empty the bladder is caused by a wave of fluid being urged against the sphincter vesicæ.

Treatment.—When the hæmorrhage is due solely to the distended state of the bladder, the treatment consists, of course, in emptying that viscus by the catheter. The simplest way of using the catheter in flooding cases I have already considered in a previous number.

Illustrative Cases.

I.—Mrs. F., æt. twenty-four, mother of three children, residing in Glover street. I was called to attend her at seven p.m., and found the os all but fully dilated, and the head presenting in the first position. The labour progressed very slowly, notwithstanding the pains seemed almost unbearable. There being no disproportion, as far as it was possible to judge, in the size of the fœtal head and the maternal struc-

tures through which it had to pass, I ruptured the membranes, thinking that perhaps the retention of the liquor amnii prevented the uterus from acting efficiently. The labour afterwards progressed more rapidly, but the patients' sufferings were most intense, and made me anxious lest some accident would take place. At length the child was born, and in a quarter of an hour the placenta descended into the vagina, and was easily removed by traction. Having aseertained that the uterus had contracted well, I went down stairs for about ten minutes, and on my return found a large clot lying close to her. I applied pressure to the uterus, and it responded readily. The hæmorrhage having ceased, I again left the room for a short time, and during my absence another great clot had been expelled. The uterus was compressed, and the flooding ceased. Thinking that the uterus would now keep contracted, I went downstairs for the third time, and remained away about five minutes; however, on my return, a fresh clot of considerable dimensions had just been expelled, and draining was going on freely. The loss of blood was now telling upon the patient; she complained of faintness; the face and lips were pale, and the pulse quick. I then examined the state of the uterus through the abdominal walls more carefully. The uterus, although readily responding for a time to pressure, was high up; on passing my hand downwards, the continuity of the uterus into the pelvis was suddenly lost, the hand coming upon a soft, fluctuating tumour which lay between the hard uterus and the pubes. On pressing that soft mass, she immediately exclaimed, "Oh, sir, I feel such a load there; if I were to make water I should feel better." I told her I perfectly agreed with her upon that point, but I could not allow her in her state to use the exertion necessary in emptying the bladder. As I had left the catheter at home (a most unusual thing for me to do), the husband was sent with a note for it. While he was away, the hæmorrhage went on, notwithstanding cold was applied to the uterus and vulva. She constantly complained of the great load felt in the hypogastric region, and begged me to let her pass her water, as she was sure she would then be better. I gave ergot, and kept on applying cold and pressure until the husband returned. The catheter he brought back was not of the slightest use, as it was old and broken; therefore, under the circumstances, not feeling myself justified in leaving the patient bleeding to get the catheter, I thought it better to try first what passing the hand into the uterus would do. A few clots were removed, the uterus contracted, and the hæmorrhage again ceased. I now felt it more safe to leave her, and went home and got the proper catheter. On my return, I found the flooding had recommenced just as bad as ever, and the patient had fainted away. Having first administered some brandy-and-water, I passed the catheter, and withdrew an enormous quantity of urine. The hæmorrhage then ceased entirely; the uterus was now felt in its proper position; the fluctuating mass had vanished; the sensation of a great load was gone, and she expressed great relief. The patient was, as might be expected, in a very low state during the night and the next day; but no further hæmorrhage took place.

II.—Mrs. D., æt. thirty-five, mother of five children, residing in Regent row, Caroline street, had a very easy labour. The child was born in about five minutes after my arrival. The placenta came away easily, and the uterus apparently contracted firmly; but considerable draining kept up notwithstanding. I stayed with her an hour; and although she was pale, and the loss of blood seemed more than was right, the pulse was not above 80. As a slow pulse in hæmorrhage is very rare, I deceived myself with the idea that she was not losing too much. About four hours after, I happened to go near her house and looked in. The nurse said she had sent for me, and was glad of my arrival, as she had not been able to make Mrs. D. speak for the last hour. On examining the state of things, I found the clothes under her saturated with blood, and free draining going on. The patient was blanched, but the pulse was still slow. Through the abdominal walls, the uterus could be felt high up, and a fluctuating mass lay between it and the pubes. A large quantity of urine was removed, the uterus descended into its proper position, and the hæmorrhage at once ceased, as in the former case. The patient did well.

III.—Mrs. L., æt. twenty, primipara, residing in Bellbarn road, was delivered of a male infant after a tedious and painful labour. The placenta came away in about ten minutes, followed by a great gush of blood. I applied for a time pressure to the uterus, which was tilted to one side of the central line. Suspecting the state of the bladder, from the uterus not being in its proper position, together with the hæmorrhage, I passed my hand over the hypogastric region and there felt a soft tumour. The fluctuation could not be so effectually made out as in the two former cases; but when a jerk was given to it with the tips of the fingers, the patient instantly expressed a desire to pass water. The condition of the patient was rapidly getting worse; the pulse was very quick, at least 140; and every vestige of colour had fled from the face and lips. I removed a large quantity of urine; the uterus returned to its proper central position, and for a time the hæmorrhage was entirely arrested; but it gradually returned again, although not with its former virulence. However, as the patient's condition became worse instead of better, I felt it necessary to take further measures for its arrest. I passed my hand into the uterus and removed some clots. The hæmorrhage was now effectually arrested, and the patient recovered.

This case differed somewhat from the two preceding. In the first two cases the distension of the bladder was the primary and only cause of hæmorrhage; whereas in the last there were two causes. The primary was the distension of the bladder, which prevented the uterus from contracting perfectly, and thus allowed clots, which were the secondary cause in keeping up the hæmorrhage after the bladder was emptied, to collect in its cavity.

IV.—I was called to this case by one of the students of the Queen's Hospital. Hæmorrhage had came on after delivery, and he had tried in vain to stop it by cold, pressure, and ergot. The uterus was high up, in consequence of the bladder being full. I removed the urine and the flooding at once stopped.

FLOODING AFTER DELIVERY.

By RICHARD GRIFFIN, Esq., of Weymouth.

A patient, resident in the country, in labour with her second child, was found, on my arrival, standing by the bed and holding the bed-post for support. The nurse had just extracted the placenta, which was in a chamber utensil placed between her legs, the child having been born a few minutes previously. I at once placed the patient in bed, and, on examination, found protruding from the vagina part of the membranes, which extended into the uterus: these I removed. The uterus itself was contracted, and all was apparently going on well. In ten minutes from this time she complained of great pain in the back and looked very pallid. On external examination, the uterus was found to be flaccid, but it contracted under pressure of the hand and ejected about a pint of clotted arterial blood from the vagina. A pad and bandage were carefully applied, and all clothing, excepting a shirt, was removed. In half an hour, symptoms of hæmorrhage again returned. On passing my hand into the vagina, I found the superior part of it filled with coagulated blood, the os uteri open, with its lips perfectly flaccid, and conveying the impression that I was handling parts as soft and flabby as the external labia vaginæ. The body of the uterus was fairly contracted, the internal part rugous; pressing on the lips of the uterus had no effect on them, and the blood continued to trickle from the vagina. Cold water was dashed on the abdomen, the window thrown open, and the patient's person freely exposed to the air; but notwithstanding this, bright arterial blood still continued to flow, the pulse became scarcely perceptible, and there was tossing of the arms, and the woman was turning from side to side, although the case appeared nearly hopeless. Brandy was administered as frequently as she could take it, but only in small quantities, as it was difficult to get down more than a tea-spoonful at a time. I

procured a lemon, which I peeled, taking off both outer and inner rind, so that the juicy part was entirely exposed, and then introduced it into the vagina, forcing it well up between the lips of the uterus so as to squeeze out some of the juice; and in order to keep it in close contact with the os, I introduced part of a small napkin well up the vagina. The hæmorrhage immediately ceased. In an hour I withdrew the napkin, and with it a small clot of dark treacly-looking blood, its colour having been altered by the lemon-juice. In three hours I withdrew the lemon; but this was a work of some trouble, as it kept continually turning round and thus evaded the grasp of the fingers: however, with a long hook, I ultimately succeeded. On another occasion I introduced a piece of twine through the lemon before its introduction, by which means it was easily withdrawn. The lemon was covered with blood of the same treacly appearance as on the napkin. I believe the introduction of the lemon saved the woman's life; but other means were also tried, and amongst these ergot of rye, the best preparation of which is, as I found, ergot kept whole in a bottle with camphor, to keep off the mites, excepting an ounce which I bruise in a mortar and always take with me, and usually give two drachms of it, boiled in rather less than half a pint of water, then strain and add to the decoction about a tea-spoonful of sugar and a table-spoonful of brandy. As soon as it can be cooled, which it may speedily be by pouring it into a large cold basin and placing this in water, I administer it to the patient either all at once or in two doses, at an interval of ten minutes, and it rarely fails, which is more than can be said of any of the preparations procured by me from the druggists. In the case now recorded, the infant was also applied to the breast—a means which I think should always be adopted, as it certainly causes contraction of the uterus. In a fortnight's time the woman was attending to her domestic affairs, and quite well.

I have used the lemon with success in another case of flooding from an uncontracted uterus. I have also used an orange where a lemon could not be procured; but in that case the patient was dying when it was applied, and therefore its application was useless.

ABSTRACT OF AN INTRODUCTORY ADDRESS
ON THE
PATHOLOGICAL PRACTICE OF SURGERY.
IN A
SYSTEMATIC COURSE OF ORIGINAL LECTURES,
ILLUSTRATED CHIEFLY BY CASES IN THE WARDS.

Delivered at the Royal Free Hospital, October the 3rd, 1864.

By Frederick J. Gant, F.R.C.S.,
Surgeon and Pathological Anatomist to the Hospital.

Gentlemen,—If I were asked what is the most professionally important study in which the medical student and practitioner can be engaged, I should answer the question by appealing to experience, rather than by any abstract consideration of preconceived and presumed relations of different branches of science to the art of medicine and surgery. Thus, I should not select anatomy, for its guidance is limited, and of far less value than advocated in the schools. Primed with descriptive anatomical knowledge, regional and systemic, the student commences practice. He then begins to feel the faithlessness of much of that knowledge he had been at such pains to acquire—by dissecting so minutely, by inspecting anatomical plates so diligently, by reading and reflection to combine into a mental realization of regional anatomy, ever capable, as he thought, of being applied. The smaller arteries and their anastomoses around joints; the almost terminal filaments of nerves; the artificial distinctions of ligaments which naturally form but one around this or that joint; the no less complicated diagramatic views of synovial membranes, with their "processes" between bones and tendons; even the minute descriptions given of the origins and insertions of muscles; and, lastly, the artificial conception of bones—as dead bones, scraped and dried, with their eminences and depressions exaggerated into an apparently practical importance which they have not in the living subject, *prepared* bones, as seen only in the dissecting room, the anatomical theatre, or museum, and never afterwards met with at the bedside or in operations;—all this, which formed a mental photograph of anatomy highly prized by the diligent student, now begins to fade away, as it fails to regulate the successful treatment of injuries and diseases, or to guide the practitioner's hand in his hour of peril. Accordingly, year after year, he mistrusts such knowledge, then ignores and necessarily forgets it, until his view of descriptive anatomy subsides into that of the prominent aspects of structure with the more obvious relations of parts, and as presented in the living body. In fact, anatomy is at length wrought by experience into surgical dimensions and shape, portable and comfortable to carry—a balance, not a burden—a clear and permanent standard of comparison, not an obscure and fleeting vision. But observe, this restriction does not extend to organic and histological, or textural anatomy, the minute knowledge of both of which is all-important to the earliest and most exact diagnosis in very many cases.

Does, however, its companion, physiology, for the most part, prove more serviceable? Like anatomy, over-taught in schools of medicine, it is indeed hard to realize; but it is also far more an artificial creation, far less itself a reality. Physiology, *human*, so called, yet chiefly the results of experiments on the lower animals, and so far inferential only, is proportionately unqualified to illumine the pathway of medicine and surgery. Experimental observations on the force of the circulation in large dogs, as shown by the hæmadynamometer, or on the functions of different portions of the brain and spinal cord in rabbits and frogs, are not likely to do much for the practitioner at the bedside of a paralysed man or woman, and not calculated to regulate the treatment of aneurism by compression. Better, far better to candidly acknowledge the truth, that much of human physiology is an undiscovered country, and perhaps, under the circumstances of investigation, for ever undiscoverable, than that the student in Medicine should be otherwise taught, and encouraged at the outset of his career to follow an *ignis fatuus* which charms only to mislead. In the course of practice at the bedside, he discovers the failure of this false physiology, its specious promises, and barren performances. Meanwhile, with the fallacy on his lips, the deception is propagated, and many younger minds may be, doubtless are, thus led astray from a more fertile land of promise near at hand, when he, having long since awoke from the dream of his student-days, has happily found by experience that the light which was in him was darkness.

By mature clinical experience this delusion, thus early inculcated, may be quite dispelled, and the practitioner's physiology settles down to a *clinical* view of the functions of the different parts of the body and their mutual relations—a far more sound and therefore more enduring knowledge of the laws of human life than the deceptive depths of bygone years. This practical physiology—ever ready, ever guiding,—conjoined with practical anatomy, together represents man in health, structurally and functionally, in relation to the purposes of medicine and surgery; and by constant reference to this, as his standard of comparison, the practitioner habitually detects and estimates the beginnings of disease, or the disorganization effected by injury. It is the *foundation* of rational medicine, including surgery.

He is now standing at the bedside. Discovering therefore the practical bearing of certain other branches of science, as botany and comparative anatomy, which are obviously of yet more remote consequence than human anatomy and physiology,—to approach nearer the character of the model practitioner, should I answer the question proposed by designating pathology, the pathology of man, the most important study in which he can be engaged?

Now, this pathology is a science of wide extent and significance. It is the knowledge of *disease* (including injuries); and this represents—firstly, the alterations, structural, physical, and chemical, which, singly or collec-

tively, the different solids and fluids of the body may respectively undergo, with the situation (if localized) and extent of such changes; secondly, the external causes of these alterations, and their own *operation* as (internal) causes of other alterations, contiguous to or remote from the original disease; thirdly, the course and tendency of the morbid condition, with, possibly, its subsequent complications, to or towards a favourable or an unfavourable issue. All this, observe, not to mention the analogous consideration of mental diseases, with their grand practical distinctions of irresponsible and responsible actions. I here restrict human pathology to its *bodily* significance.

The first and part of the second of these aspects of disease are represented by pathological anatomy; the remainder, and third aspect, exclusively, by pathology proper.

Taking them in order, which has the greater or more immediate practical importance? Assuredly not pathological anatomy *per se*, which, as mere morbid anatomy, is unmeaning, because inoperative. The operation, and the continued operation—*i. e.*, the natural course and tendency of disease and injury—is that kind of pathological knowledge which should immediately guide, regulate, and determine our therapeutic interference and assistance—medical, operative, or both. Pathology proper is therefore our polar star in the practice of medicine and surgery.

To avail ourselves of the guidance of this knowledge, obviously it must become foreknowledge— it must become prognostic. Even the consideration of injuries and diseases, as objects of preliminary clinical inquiry, is unmeaning, unless it point to the operation, and especially to the course and tendency, of the lesions themselves.

This aspect of pathology at once suggests the guiding and regulating principle of all therapeutics, both medical and operative; and to its three indications I would now specially commend the abiding consideration of the Profession.

We thus discover the *earliest occasion* for interference with the order of Nature, if any be necessary, in some cases of the *kind*, and the *least amount* of such assistance as may be needed from time to time to conduct the case to recovery. But observe, so far as the careers of diseases and injuries are naturally to, or towards recovery, such course and tendency implies the (existence) operation and resources of a self-restorative power, in-born and inherent in the (human) body. Consequently whenever our interposition is needed, and whatever our aid, it can only be supplemental—co-operation, not coercion, by our remedial measures and surgical proceeedings. Hence, also, the threefold principle of therapeutics must turn upon the degree of operation, and the self-sufficiency, or otherwise, of the resources of this power; the *earliest* occasion for our interference being suggested, and the *least* amount, no less than the kind, of our assistance guided and regulated by a just appreciation of its curative efficacy.

Clinical observation, having gone thus far, shows further that the curative power of Nature is manifested more efficaciously at the *commencement* of injuries and diseases than at any subsequent period of their career, during which, indeed, complications arise, in most cases denoting its proportionate failure;—complications by constitutional disturbances surpervening, by direct extension of the disease to adjoining textures and organs, and by disorganizing results in the part originally affected;—complications by the supervention of structural alterations in parts remote from the primary disease. Take, for example, scrofulous disease of the knee-joint, limited, in the first instance, to carious softening of the cancellated portion of the articular ends of bone; subsequently extending to disintegration of the articular cartilages, with the escape of pus into the synovial capsule, and eventually disintegration and destruction of the cancellated bone itself. In the course of this disease the supervention of hectic fever, and, perchance, the formation of secondary abscesses in many joints, or other parts remote from the primary disease of the knee-joint.

Guided, then, by the teaching of the earliest clinical observation as to the career of diseases, it follows that the *earliest* (and *most exact*) prognosis, or foreknowledge thereof, is absolutely necessary to secure the most advantageous co-operation with the restorative power—i.e., *before* the supervention of any unfavourable condition, which, announcing that its curative efficacy is failing, would then, probably, frustrate the aid of remedial measures, whether medical, operative, or both, as the case may be. Should any complication have *already* arisen, or should any be present at the very commencement of a case, as that of a compound comminuted fracture of the tibia and fibula, accompanied, probably, with considerable laceration of the muscles, and possibly of either tibial artery, by similar prognosis or foreknowledge thereof we gain the opportunity for having recourse to adequate remedial measures before the supervention of *worse* complications.

In the more rare cases, where the restorative power is itself *alone* sufficient from first to last, such foreknowledge of this self-sufficiency is still necessary, in order to *withhold* any interference which would, or might, divert the natural course of the morbid condition to recovery. We have at at least an approach to non-interference suggested by the natural or normal course and tendency of certain fevers—*e.g.*, measles, scarlatina, and other eruptive fevers, all of which are apparently so many manifestations of the effort of Nature to eliminate various blood poisons. In these and similar cases the purpose of rational medicine is fulfilled by interference only when some "complication" arises by which remedial assistance then becomes requisite "to avert the tendency to death."

To sum up: thus far, therapeutics, and in some few cases total non-interference with the order of Nature, is suggested by the earliest and most exact prognosis—itself acquired by similar clinical observation—respecting the natural career of diseases and injuries individually to or towards recovery. By virtue of this pathological knowledge of any morbid condition, whenever its course is foreknown to issue in recovery, in such case *any* interference with the order of Nature is accordingly withheld. In all other cases assistance is solicited, the *earliest occasion* being determined by the first requirement on behalf of the restorative power, to remove any unfavourable condition, if present; the favourable course that the disease or injury will *then* take showing the *kind* of assistance required, while its tendency towards recovery measures the *least amount* necessary; and so on, from time to time, to conduct the case to a happy issue. Such, then, are the indications of treatment peculiar to the fundamental principle of therapeutics, drawn from pathology. The varied expression of these indications will be found to constitute rules of practice, of analogous character, in every branch of medicine and surgery.

Hence an original *system* of therapeutics, medical and operative—a system which presents a continued illustration of one and the same fundamental principle—the guidance and regulation of our treatment always by considering the natural course and tendency of diseases and injuries. This being that pathological knowledge which is most directly important to us as practitioners, and which to be available must become prognostic—the more early and exact the more competent for the purposes of our treatment,—the application of such foreknowledge will form the most conspicuous feature in these lectures.

Bearing in mind the *terms* of that cardinal principle of therapeutics which I have introduced to you, I would now invite your attention to what is denominated "conservative" surgery. Whence this distinctive title?—and what its signification *hitherto*?

Both these questions are clearly and definitely answered by Mr. Fergusson. In his lectures this year before the Royal College of Surgeons, he claims, and I believe justly, to have first introduced the term "conservative" into surgical nomenclature. He did so in a paper "On Resection of Bone, with Cases of Resection of the Radius, of the Ulna, and of the Elbow-joint," which was published in January, 1852. But, at the same time, Mr. Fergusson distinctly disavowed *any* originality in relation to the principle of practice he thus designated; that, in fact, "conservative surgery has been carried to a high pitch in modern times," as is there instanced more particularly by the practice of Sir B Brodie in 1827—just twenty-five years prior to Mr. Fergusson's communication. So that, respecting the object of the

present paper (1852), "it is," he adds, "not so much to offer anything new to the Profession, as to draw attention to subjects which are in many respects familiar, but not justly appreciated by the mass of those who practise surgery, even in the present day."

Having made this due acknowledgment of the prevalent practice of conservative surgery, its guiding principle is thus defined (in small capitals):—"The preservation of the greatest portion of the body at the smallest possible sacrifice;" which is then illustrated by the operation of "excision" of (certain) bones and of a joint as contrasted with that of "amputation." Up to the present year Mr. Fergusson still adheres to this definition. He re-expressed it in his lectures referred to (No. 2); and it is still the prevalent view of conservative surgery. Preservative of the integrity of the body by the removal of only the diseased (or injured?) portion, as contrasted with the removal of, possibly far, more by amputation. The same principle may be extended, and is applied in those lectures, to preservation of the skin over a tumour in its removal rather than the excision of one with the other. Here, excision itself is limited by the guidance of conservatism in the practice of surgery. And, I may add, all operations of removal, whether by excision, amputation, or any other mode, thus become more restricted in *extent*, approaching, therefore, in character the other great class of operations and manipulations—the reparative; those designed to bring about the repair of any part whose mechanism has been damaged by injury or disease, or is congenitally defective, the aim of both these primary classes of surgical operations being preservative of the integrity of the body.

But, gentlemen, such is the purpose and end in view of all *true* surgery, whether designated conservative or simply surgery. There is, then, nothing new or peculiar about "conservative" surgery, in its present sense—preservative. A new term, without a new idea of any kind attached thereto, it is a barren fallacy, or calculated only to mislead by implying a new kind of surgery, without really directing our practice from any original point of view. Then, again, conservative surgery, as hitherto understood, has reference only to operations. Advancing a step further in this direction, to obviate the necessity for any operative assistance—*e.g.*, the preservation of a joint without excision, is "conservative" surgery equivalent to "the medical treatment of surgical disease?" another more recent definition which I have somewhere read.

This medical aspect of surgery, as a principle—if anything so ambiguous be worthy of such designation—goes no further in effect than that advanced on the part of operative surgery. It equally relapses into the obvious purpose of therapeutics—the preservation of the integrity of the body; if possible, by medicinal measures, rather than by any operation, however little mutilation one may imply as compared with another operation. But while we admit the necessity and admire the wisdom of reforming the body politic to yet higher states of efficiency, the human body—endowed with the power of growth, development, and restoration—is self-productive and self-protective; wherefore we need not interfere with its organisation otherwise than so far only as our assistance is solicited by the shortcomings of its own operations and the failure of its own resources. You will not fail to mark how the subjection and adaptation of all therapeutics—in time, kind, and degree—to the operation and requirements of this self-restorative power (of Nature) confer a truly conservative character on the practice alike of medicine and surgery; and, by ever referring us, as medical practioners of whatever denomination, to clinical observation of the natural courses and tendencies of injuries and diseases, rule our art from the sure and commanding ground of pathology. To this end, diagnosis and etiological knowledge, each of the earliest and most exact character, are obviously subservient; and to more nearly realize this standard in both these preliminary clinical inquiries will be an additional and scarcely less conspicuous feature in these lectures. It will develop the resources of pathological anatomy at the bedside—"clinical pathological anatomy," as I have named this science, thus applied during life.

The whole will constitute one continued application of my 'Principles of Surgery, Clinical, Medical, and Operative;' of which it is the fruit. That the science, this the art of surgery, guided and regulated by pathology, and as distinguished from empirical practice. Having enlarged upon and illustrated this purpose at length, Mr. Gant concluded:—If, gentlemen, this design sounds somewhat like a 'revolutionary epic,' remember that it is so throughout only by an appeal to your own judgment, and as gathered from your own experience. In your daily practice, do you find yourselves recurring to much of that knowledge which in bygone years was lectured into you so dogmatically, which you credited so implicitly, and eagerly spent so much time to acquire and retain; or does not what I have here commended approve itself to your maturer judgment, as the more excellent way? This is that pathological surgery which I have now for some years taught, by precept always, by practice at the bedside and in operations, by the force of earnest exposition, and by the persuasion of patient example, by toilsome concentration and conversion of the labours of others, by persevering industry in the pursuit of my views to this end, and by pure devotion to the cause of truth.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

On Thursday night a conversazione was given by the medical officers of the hospital.

Mr. Erasmus Wilson, senior surgeon of the hospital, and who has taken a prominent part in its establishment, delivered an inaugural address, which fully explained the object sought to be attained. After some introductory remarks, Mr. Wilson said that they were assembled for the purpose of inaugurating a new hospital for the clinical teaching of cutaneous medicine, and he believed he was correct in saying the first hospital with this object in view that had ever been established in the metropolis of England. The object sought to be attained was the development and perfection of British cutaneous medicine; and as a culminating result of that object the safety, the protection, and the cure of the afflicted. He hardly knew whether to say that the origin of this hospital was an humble or a heavenly one. It was humble in so far as the idea was that of an individual man; but it was heavenly because the permeating of that idea came from Almighty God. The founder of St. John's Hospital for the treatment of diseases of the skin was John Laws Milton—(applause)—and the idea that Mr. Milton had in creating it was to render it a free hospital—an hospital to give help and succour to all that might apply, and to which the only recommendation needed should be poverty and disease. There were many free hospitals in London, and the origin of the first of our free hospitals was deserving of passing remark. A medical man was returning home late one night from seeing a patient, when his attention was directed to a sight not uncommon in the streets of London—a poor woman huddled up in the corner of a doorway, in rags, and worn out by exhaustion and disease. There was then no friendly hospital to receive her. That sight, impressed on the mind of an intelligent man, and the heart of a human one, was the germ of the useful and important institution in the Gray's-inn road. The founder of that institution was a man unknown to most—it was William Marsden. Returning to the immediate subject of his address, Mr. Wilson narrated some very interesting circumstances connected with the origin and progress of the new hospital, all tending to show how much had already been done with comparatively insignificant means, and how much still remained to be done. Notwithstanding many discouragements, and backed by a total sum of 50*l.* 17*s.* 6*d.*, and a most seasonable present of drugs, the gift of a generous druggist, Mr. Milton pursued his labours of love with the full confidence of success. Seven hundred and fifty-three patients had received the benefit of his treatment, but the committee had found it no easy matter to keep open their wards and supply cod-liver oil and quinine in many of the most urgent and distressing cases upon the

sum of 50*l.* 17s. 6d., and as a consequence increased support was urgently required. If any arguments were needed to convince the sceptic of the importance of an hospital for diseases of the skin, he thought it would be well found in the fact of the great number of applicants for relief to this small establishment; and it would also be found in the general horror which diseases of the skin created amongst the people. He thought, therefore, that the hospital possessed many claims upon society, and he believed that it only required to be made better known to secure for it that position which it deserved.

After the address the company were entertained by being afforded an opportunity of inspecting a collection of various objects of interest, lent for the occasion.

REVIEW OF BOOKS.

Metamorphoses of Man and the Lower Animals. By A. de Quatrefages. Translated by Henry Lawson, M.D., Professor of Physiology in Queen's College, Birmingham, &c. London, 1864.

The 'Souvenirs d'un Naturaliste,' which were translated a few years ago, and appeared under the title of 'The Rambles of a Naturalist,' have rendered the name of M. de Quatrefages familiar to the English public. The present volume may be regarded as an amplification of certain portions of 'The Rambles,' and were written, as the author tells us in his preface, with the double object of making known the results of his own researches and of calling the attention of an intelligent, but unscientific public to the wondrous phenomena accompanying the development of living beings. It treats mainly of the transformation, the metamorphosis, and the geneagenesis of animals—special terms, which he defines as follows:—

"I shall term *transformation*, the series of changes which every germ undergoes on reaching the embryonic condition; those which we observe in every creature still within the egg; those, finally, that the species born in an imperfectly developed state present in the course of their external life.

"I shall retain the term *metamorphosis* for the alterations undergone after exclusion from the egg, and which alter extensively the general form and mode of life of the individual.

"Finally, I shall designate by the term *geneagenesis* (*a*) the changes which relate to generations themselves" (p. 13).

Passing over several chapters devoted to "Transformations of the Egg," "Transformations which the Mammal undergoes within the Egg," and "Transformations which the Mammals undergo after they have left the Egg," we come to the subject of "Metamorphoses properly so-called." The metamorphoses of insects are first considered. The author narrates in most graphic style the "life history" of the cabbage-butterfly (*Pieris Brassicæ*). The flirtations of the female, and the energy with which the male presses his attentions upon her before he can compel her to yield to his embraces, are described with a vividness and warmth that almost make us doubt whether we are reading a French novel or a sober work on natural history. "The male urges his suit, and the female rejects it in true coquettish spirit. Finally she settles down, but her wings are closely applied to each other, in this way covering the entire body. The male moves round and round her for a few moments, and then, as if he had taken his final departure, flies almost out of sight. As soon as the female unfolds her wings and exhibits her entire form he returns quickly enough, but to no purpose; for she folds her wings together on his approach, and then the flirtation, pursuits, refusals, and pretended departures commence again." The curtain here drops upon the exciting scene; but as we read, a few lines further on, that "the female deposits her eggs, several hundred in number, upon some portion of a cabbage-leaf," we are led to the conclusion that she finally adopted the precedent established by Donna Julia—

"And whispering 'I will ne'er consent,' consented."

The form and history of the caterpillar that springs from each of these eggs, the preparations which it makes for its metamorphosis into the crysalis state, in which it remains during the winter, its condition in that state, and its final metamorphosis into a perfect butterfly in the beginning of summer, are also admirably described. Many of our readers are probably not aware of the means which Nature adopts to prevent the devastation to which our gardens would be subjected if all the hundreds of eggs laid by each cabbage-butterfly came to maturity. There is a common insect belonging to the family *Ichneumonidæ* which, to the ordinary observer, resembles a small fly, but which is known to scientific naturalists as *Microgaster glomeratus*. The female of this insect carries within the posterior part of her abdomen a lancet or hollow sting, composed of three distinct pieces, and termed from its function an *ovipositor*. When she is about to deposit her eggs she settles upon a caterpillar of the Pieris, and grasping it firmly she pierces its skin with a single thrust of her sting; she next drives it more deeply into the body of her victim, and forcing down an egg from her ovary through the ovipositor, whose three distinct pieces (arranged somewhat like the separate portions of a speculum) constitute a hollow tube, leaves its safely embedded in the tissues of the caterpillar. This process she repeats till she has deposited forty or fifty eggs, the caterpillar by its writhings obviously protesting against the operation. The punctures, however, soon heal, "and it prepares to undergo its first metamorphosis just as if nothing had occurred; but it undergoes no further development, and instead of a butterfly there springs from the crysalis as many little maggots as there had been eggs."

Twenty or twenty-five (or about half of this brood) finally reach the stage of perfect female insects, who soon sacrifice as many caterpillars to the cravings of their maternal instincts; and in this way it is calculated that 197 out of 200 of the eggs of this butterfly are prevented from reaching maturity, only three giving rise to perfect insects."

Amongst other insects whose metamorphoses are specially described by our author are the common cockchafer (*Melolontha vulgaris*), the white-winged day-fly (*Ephemera albipennis*), and the chameleon stratiomys; and these special descriptions are followed by various illustrations of *incomplete* metamorphosis which, according to our author, "may be due either to a premature development of the insect while within the egg, or to an arrest of development after it has been hatched."

The metamorphoses of Batrachia, of lampreys (discovered in 1856 by Auguste Müller), myriapods, crustaceans, annelids, and molluscs are fully discussed in chapters ix., x., and xi., while the twelfth chapter, which treats of "The Nature, Causes, and Processes of Metamorphoses," abounds in interesting facts and deserves a careful study.

Of the third and last part of the volume, treating of *geneagenesis*—under which title the subjects of alternation of generations and parthenogenesis are fully considered—we can speak in terms of the highest commendation. It places the most obscure and profound departments of comparative physiology as clearly before the reader as is possible without the aid of diagrams or pictorial representations. While cordially thanking Dr. Lawson for his translation of this volume, we would venture to remark that the value of a second edition would be much increased by the addition of a few illustrations.

(*a*) From γενεὰ and γένεσις, literally the reproduction of generations.

Lunacy in New South Wales.—The following proportions of lunatics to the population are given in the 'South Australian Register':—England and Wales, 1 in 557; Ireland, 1 in 659; Scotland, 1 in 767; France, 1 in 795; Rhenish Provinces, 1 in 666; New York, 1 in 702; Norway, 1 in 550; whilst in New South Wales it is stated to be, according to the public returns, 1 in 380.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. Charles H. Moore contributes a "Clinical Lecture on Surgery," his present subject being perforation of the small intestine. He relates the particulars of three cases of this form of lesion, the first being one of extravasation of fæces, with sloughing of the groin, and perforating ulcer of the jejunum. The history was obscure, and the patient died three days after admission. The second case was that of a woman who had a fistulous opening of the small intestine through the abdominal wall, and who had undergone an unsuccessful operation for its closure. The galvanic cautery was used in and about the fistula, which was temporarily healed, but continued to discharge fæcal matter at intervals. The third case was one of ulcerated communication between the jejunum and the vagina, originating from cancerous disease, and was fatal.——Dr. Murchison continues his "Contributions to the Etiology, Pathology, and Treatment of Scarlet Fever," and endeavours to develope the laws regulating the attacks of this extraordinary and dangerous disease. The results are not very satisfactory, owing to the numerous anomalies observed; and great mystery still hangs over the mode of propagation of the malady, the recurrence of the attacks, the origin of the contagion, and the method of arresting its force and preventing its spread. There is no relationship between the severity of the fever in the person who imparts it and the person who receives it, a mild attack giving rise to a severe one in another person, and *vice versâ*. Though second attacks in the same person are rare, yet instances of the kind are by no means uncommon. The poison of scarlatina is generally believed to be destructible by heat, and an apparatus for subjecting clothes to the disinfecting power of dry heat is now in constant operation at the London Fever Hospital. There is good reason to believe that scarlatina attacks the lower animals, as dogs, cats, and horses. With regard to the nature and mode of action of the poison of scarlet fever, it would appear that the miasma is not readily transmitted through the atmosphere, but may be retained and propagated by fomites; and hence it is supposed to be of a solid rather than of a gaseous nature.——Mr. George Lawson contributes a paper "On Sympathetic Ophthalmia; its Nature and Treatment." He describes this form of inflammation as most insidious in its attack, destructive in its progress, and irreparable in its results. The primary cause of the affection is the peculiar relationship which the nervous systems of the two eyes bear to each other, so that when one eye is the subject of irritation a sympathetic action is set up in the other. Mr. Lawson states that a simple wound of the cornea, even though of considerable extent, provided none of the deeper tissues are implicated, will generally soon heal, and, beyond impairment of vision, no further evil will probably ensue; but if the cut is extended beyond the cornea into the ciliary region, the danger is immensely increased, not only to the eye itself, but in the risk of causing a sympathetic action in the other. Sympathetic inflammation is essentially adhesive, and an eye thus affected seldom suppurates.——Dr. G. D. Gibb communicates an anatomical paper "On the Various Forms assumed by the Glottis," the examination of which is very much facilitated by the instrumentality of the laryngoscope.

'Medical Times and Gazette.'

Dr. Harley continues his course of lectures "On the Urine and Diseases of the Urinary Organs." Phosphoric acid, and phosphates in rickets, diseases of the brain, spinal cord, bladder, and other affections; phosphatic gravel and calculi, their diagnosis and treatment, are all considered. Phosphorus, in some one or other form, is an indispensable constituent of the human system; it is not found in the healthy subject to exist in a free state, and when so found in the system it is when used internally either in medicinal or poisonous doses. It exists in the bones and brain of the human being; in the bodies of the minutest animals and plants. It is widely diffused through Nature; not, however, in a free state, but as phosphoric acid in combination with lime or some other base. In this state it pervades organic and inorganic bodies. The method for ascertaining the presence of the acid is detailed. In the urine it is in combination with potash, soda, lime, or magnesia. In different people the amount of phosphorus varies according to the age and the diet; a difference also exists in the combinations with bases. Healthy urine does not allow of any spontaneous phosphatic deposit, at least while it is fresh; but on its becoming stale and its urea being decomposed, the triple phosphate is precipitated. Hassall has shown that the phosphate of lime occurs in human urine in a crystalline form; that it is of frequent occurrence; that it is of greater pathological importance than the triple phosphate. The muddiness of alkaline urine is dependent upon the presence of insoluble phosphates. Urine loaded with phosphate of magnesia is rendered turbid by adding to it a few drops of ammonia, the ammonio-magnesian triple phosphate being thrown down. The methods for obtaining the amount of phosphoric acid in urine by means of the quantitive analysis are given.——Mr. Evans, of the Southern Hospital, Liverpool, reports "The Recent Cases of Poisoning by the Calabar Bean." Forty-six cases are noted; the ages of the children varied from two to thirteen. The most marked symptoms were—prostration, vomiting, purging, dizziness, and trembling. Only one case died, but nothing unusual was found at the post-mortem examination. The treatment adopted consisted in giving emetics of sulphate of zinc or mustard, or both, one after the other, followed by plenty of warm water to encourage the sickness; and, as soon as this had ceased, by stimulants to rouse the patient from the state of collapse and to procure reaction. In the case which died, the death was probably from paralysis of the heart. There was little pain experienced by any of the sufferers, a little "belly-ache," or cramp, or "griping," being all of which complaint was made. In no case was there any loss or even impairment of sensation; and in only one was there noticed any approach to convulsions; in it symptoms resembling spasmodic closure of the jaws presented themselves. From the feeble influence exerted by electricity when applied to the neck, &c., after death, it is concluded that the "Calabar bean" has the effect of impairing muscular irritability.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 19, 1864.

THE PRESENT STATE OF MEDICAL EDUCATION.

In the Introductory Lectures delivered at the commencement of each winter session, the subject of Medical Education is made to appear to the public all *couleur de rose.* It is true that the students are duly admonished that they must work hard and must consume much midnight oil in the prosecution of their duties, and they are also warned of the absence of much solid reward as the prize of their exertions. But it is always understood that each school possesses abundant opportunities for teaching, and that all the students are eager to learn ; and no allusion, so far as we are aware, is ever made to the lamentable failures which attend the career of many of those who, with rosy countenances beaming with youth and hope, crowd the benches on the opening of a medical school. We do not mean the failures which often beset men in the active pursuit of their Profession, but those they meet with in their career as pupils, rendering their entrance into the Profession a matter of great difficulty, or even preventing them from getting into it at all.

Nothing is plainer, on paper, than the progress of a youth from his studentship to his maturity as a practitioner : it is like the regular gradation of the larva through the chrysalis state, till it arrives at the perfect form of an insect, armed with legs and wings, and able to soar into the regions of space.

Given a youth of seventeen or eighteen, and the opportunities afforded him at a medical school, he ought, as a matter of course, to finish his student's career by showing himself qualified to enter upon the duties of his Profession ; not, indeed, that he is able at first to undertake with confidence the treatment of all the cases of disease or injury with which he may meet, but that he can show such a knowledge of principles as will be a sufficient guide to him in forming his opinions, and preventing him from falling into downright error. The curriculum of study is generally well calculated to effect the desired object, and the different branches of Medical Education are presented in such regular order that they resemble a well-chosen and well-arranged meal, the mental digestion being consulted at every course, and care being taken that fish does not come before soup, or soup after the game, or any other anomaly coming in to spoil the enjoyment and the utility of the repast. Classics and mathematics, in a mild form, are the oysters and lemon-juice, just to give a relish to begin with ; anatomy and chemistry are the fish and soup ; medicine and surgery are, of course, the *pièces de résistance ;* while botany, comparative anatomy, materia medica, and other such trifles are thrown in as the *hors d'œuvres* and *entre-mets* to fill up the intervals.

We must admit that there are some good reasons shown by those who have the arrangements, in favour of the succession and alternation of the various dishes ; and although the hosts at different hotels do not all agree in the details, there is considerable unanimity of opinion on the main points. But in practice it is found that the meals, however well prepared and served up, are not eaten and digested as they ought to be, and then the question arises whether the fault is in the cooks, or in the provisions, or in the digestive power of the guests.

To drop metaphor, we at once assert, whatever may be alleged to the contrary, that the Examining Bodies in Medicine at the present day are profoundly dissatisfied with the amount of knowledge exhibited by candidates for degrees, licences, and diplomas. The gentlemen who exercise this function perform a duty which is pleasing in the case of successful candidates, and most painful in that of the others. For mere pass examinations, everyone who comes up for his ordeal ought to pass, and few or none ought to be rejected ; and those who come within the latter category must be considered as having wasted their opportunities, and thus far as having done discredit to themselves or their teachers. The time is gone by when it could be alleged, with any degree of truth, that Examiners favoured one set of candidates, or some particular schools, and showed antipathy to others ; and the truth rather seems to be that many inefficient persons are sent forth into practice from too great leniency on the part of the Examiners, rather than that any are remitted to their studies from unworthy motives.

The duty of Medical Examiners in a pass examination is simply to inquire whether a candidate has employed his time profitably, and whether he possesses such an amount of elementary knowledge as may enable him to practise with safety to the community. Some of the Examining Bodies receive with a certain degree of confidence the certificates brought to them from the teachers, testifying to the diligence of the candidate in the prosecution of his studies ; while other bodies place no reliance at all, or very little, on any such testimony, and sift out the candidate's attainments by repeated and stringent personal inquisition. A combination of both these methods is the best plan to adopt, because a certificate of attendance on the means of instruction is a *primâ facie* evidence in favour of the candidate, which may be confirmed or otherwise by his subsequent achievements under examination. Much also may be said of written examinations, and much of those that are oral ; but here again, a combination of the two is found to work the best, and is now universally adopted.

It would be obviously unfair to require of a youth of nineteen or twenty-one (for at such ages may candidates be admitted respectively to their first and second examinations) that he should prove himself to be a profound anatomist, or chemist, or a practised physician or surgeon ; and any Examining Board which should put questions for the mere sake of puzzling the candidate, or of showing its own learning, would incur well-merited censure. But every Board ought to require from the candidates a competent know-

ledge of the structure of the human body, and we would add that some knowledge of chemistry is also indispensable; while, in the practical subjects of medicine and surgery, the aspirant should at all events prove himself to be acquainted with the ordinary manipulations of the art he proposes to practise, and with the general history of the nature and treatment of diseases.

Now these are precisely the very subjects with which many of the medical aspirants of the present day are *not* acquainted, and the absence of this knowledge is the subject of regret felt by everyone who has at heart the welfare of the Profession. We do not for a moment deny that many students show themselves fully qualified for entering the Profession, but we assert that they at present do not form a great majority. Some students, without being uneducated, are only half-educated—that is to say, they may have a knowledge of anatomy, but, perhaps, know nothing of chemistry; or they may have gathered from books the mode of performing operations, and are wholly unable to execute the most common surgical proceedings for themselves.

We strongly doubt whether, upon the whole, the students of the present day are as well *up*, as it is called, in their studies as those of a quarter of a century ago. At that time, it was the custom for youths destined for the Profession to begin their studies at some provincial hospital, or a workhouse, or in parish practice, and they thus acquired a habit of manipulation and a general knowledge of medicine and surgery before they began their two-years' course (for that was the duration of their hospital attendance and lectures in London), so that when they came in contact with the Metropolitan Professors, their mental soil was cultivated for the reception and digestion of the higher kinds of Medical knowledge. Now, however, *nous avons changé tout cela;* the tyro who has never seen a tooth drawn, and has never made a black or yellow wash, is at once introduced into the lecture-room, where he hears about transcendental anatomy, and homologies, and morphologies, and the atomic theory, and isomerism, and isomorphism, and crystallography, and organic radicals, and the like, together with a host of names of Germans and Dutchmen and Italians who have contributed to the advance of Medical Science in latter times. Can we wonder if the alumnus, however conscientious he may be, has his brain bewildered by the phantasmagoria thus dancing before him, and if the images made on his mind rather resemble those of a kaleidoscope, where all colours and forms are jumbled together in heterogeneous confusion, than a definite series of objects presented in orderly succession.

We are here drawing no fanciful picture. We have often seen and pitied the youth endeavouring to wade his way through ponderous tomes on every conceivable subject, and have considered how hopeless it was for him, without a guide, to grope through the farrago of rubbish to find the jewels, or to trace the paths which he ought to follow. We of the present day have done away with apprenticeship, it is true, but we have also done away with that kind and paternal assistance which was formerly rendered to every youth destined for the Professson. We have given him books in abundance, which he has not time even to read, far less to digest, and lectures in multitudes, all of which he has not time to attend; and can we wonder that when he comes up for examination his mind is like a wilderness —*rudis indigestaque moles* like primitive chaos—even supposing him to have been diligent and studious? Many of our alumni, however, finding that they cannot digest all the meals set before them, decline the banquet altogether; and even for these we feel, under the existing circumstances, some touches of compassion. They have looked at the mountain they have to climb, and feeling their inability to reach the summit, they give up the attempt in despair.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

ST. GEORGE'S HOSPITAL.

Cases under the care of Mr. Pollock.

Case 1.—Traumatic Stricture of Urethra.

A boy, about the age of puberty, was laid upon the table for operation. Chloroform was administered and the feet and hands were bound together in the same way as for lithotomy. The nates having been brought well over the end of the table, Mr. Pollock passed an instrument of small size into the bladder, and giving it into the hands of an assistant, he sat in front of his patient as though he were going to remove a calculus from the bladder; the scrotum and testes were drawn up out of the way, and an incision was made into the perinæum as close as possible to the seat of the constriction in the urethra. This external incision was hardly large enough to admit the tip of the finger, but, when the point of the knife had entered the urethra and come down upon the groove in the small staff, Mr. Pollock ascertained by means of the forefinger of his left hand the condition of the parts where he had made the wound; and when he had fully satisfied his mind about it, he again passed the point of the knife into the urethra, turning the edge of the instrument, not towards the rectum as in the first incision, but towards the scrotum, and slightly enlarged the wound by cutting in the direction of the edge of the knife.

The history attached to the case is as follows:—Nine months since the patient had met with an accident, and falling astride the object with which he had come into contact, an injury of the perinæum and urethra had been sustained, producing the stricture for which the operation was necessitated. The boy had for some time been suffering very much from excessive irritation of the bladder and genito-urinary passages—to so great a degree, indeed, that it was deemed advisable no longer to delay operative interference.

The catheter was passed immediately after the opening had been made into the urethra, yet it seemed as though an entrance had not been obtained into the bladder, the urine not flowing through the instrument; this, however, was not really the case, because on slightly withdrawing the catheter the water came away readily and there was no difficulty in emptying the bladder. The probable reason of the water not flowing was obstruction of the instrument by a clot of mucus or a coagulum of blood.

When the urine did not flow through the catheter and it seemed doubtful if the instrument had entered the bladder, Mr. Pollock passed the forefinger of his left hand into the rectum until he brought it into contact with the fundus of the bladder and could feel the extremity of the catheter in that viscus.

This, as Mr. Pollock pointed out, is the readiest and

surest means of ascertaining the course of an instrument introduced into the urethra, and enables the operator to determine the exact position of the point of any such instrument.

The catheter is worn by the patient for three or four days, and at the expiration of that time it is withdrawn, there being no further necessity for its continuance in the bladder.

Case II.—Cystic Tumour of Left Labium.

This patient, a young, strong woman, of good health and condition, lately married, had, in the posterior part of the left labium, a cystic tumour, in size equal to a walnut. Chloroform having been administered, the patient was placed on her left side; but as this was found to be an inconvenient position for the necessary manipulations, she was turned upon her back and placed as though she were about to be operated on for the removal of calculus from the bladder. Mr. Pollock, grasping the tumour in the fingers of his left hand, made an incision parallel with the long diameter of the labium—that is, from above downwards—cut through the integuments and into the cyst, which, when emptied of its contents, was carefully dissected away from its attachments.

Mr. Pollock pointed out that this tumour might have been mistaken for a vaginal hernia, especially as the woman had stated that it came down, and when down became enlarged each time that she coughed. Its true nature, however, was without difficulty and immediately ascertained by a vaginal examination; and it was also found to have connection with the tuberosity of the ischium of that side upon which it lay.

The contents of the cyst were serous, and its interior was lined by a smooth membrane.

Allusion was made to the case of a woman who had been under the care of Mr. Hewitt, and in whom a labial cystic tumour existed, but with attachments of a far more serious nature than had taken place in the present instance. This tumour, to which we now refer, engaged part of the ischio-rectal space and of the pelvic cavity. Removal had been attempted; success, however, had not attended the operation; and the result was fatal to the patient.

Case III.—Disease of the Ankle-Joint.

The little girl who was the subject of this affection was pale and anæmic, but without any general emaciation. The limb in which the disease existed was swollen at and above the ankle, and in the swollen part were two apertures communicating with the diseased structures which were deeply situated. The nature of the disease was indicated by the peculiar red blush that suffused the surface beneath which the lesion obtained.

The probe was passed down through the apertures, and when the dead bone was reached, its exact condition being diagnosed, a director was introduced, and the already existing wound enlarged by means of the scalpel, and to such a size as enabled the finger to enter and transverse it, and the nail to be brought into immediate contact with the denuded bone. After this examination had been concluded, the handle of the scalpel was passed down to the bone in order to loosen it; the forceps and gouge were next applied, and as much of the bone removed as was considered advisable. The wound had placed over it dossils of wetted lint, which were maintained in their place by the turns of a calico bandage.

The affection had originated in an attack of acute periostitis, to which had supervened an acute abscess.

Case IV.

A little girl in whom existed hare-lip and cleft palate, the fissure being on the right side. Chloroform was administered, and when the patient was brought under its influence Mr Pollock dissected away the small portion of the upper lip which lies immediately on the right of the median line. The knife was entered just below the right nostril, and was then made to cut its way downwards towards the red margin of the lip; the same was done on the left of the fissure, and that part of the lip thus circumscribed by the incisions was removed. The edges of the wound were apposed and kept in their position by means of the figure of eight suture, in the forming of which the lower needle was first put in, so as to secure the even continuation of the red marginal line of the lip; the upper needle was then introduced and the operation completed.

Case V.—A man, aged seventy, emaciated and of not a very strong condition of health, was placed upon the operating table for the purpose of having removed the dead bone that lay in the ankle-joint. Mr. Pollock enlarged the wound in the soft parts by making a crucial incision, and through this he introduced the handle of the scalpel so as to ascertain the condition of the bone and to remove it if such a measure were practicable. After this the finger-nail was passed down to the bone, and the state of the parts more exactly determined; then, with the gouge, the rest of the operation was finished. The wound was left open; some wetted lint was placed over it, and this was kept in its place by means of a bandage.

Case VI.—This was a patient under the care of Mr. Henry Lee. The affection of which she complained was a tumour situated upon the patella of the right knee; in size it was equal to a large orange; in shape it was round; to the touch it was smooth and very moveable, under the integument as well as upon the patella; when the patient lay in the supine position it hung outwards, showing that it was on the outer rather than the inner side of the mesial line of the leg.

An incision extending from above downwards was made across the tumour; the outer flap was dissected off, and then Mr. Lee removed the inner from the tumour, the dissection being carefully conducted lest the entire of the capsule should not be included in the removal. During these necessary steps of the operation the bared tumour was seized, and held out of the way by the vulsellum forceps; and when the flaps were fully dissected back the tumour was in its entirety everted from its bed; the larger arteries were tied, while, for the checking of hæmorrhage from the smaller, version alone was sufficient. The wound was closed by the bringing together of its edges and surfaces with adhesive plaster, and it was hoped that union by the first intention would take place.

After removal the tumour was divided and its true nature made apparent: this was found to be sero-cystic. Mr. Lee took occasion to show that, in the first instance, the contents of this growth had been fluid—had been, in fact, serum—and that it had been poured out as the result of continued irritation, created by the girl constantly kneeling for the purpose of fulfilling her duties as housemaid; that, secondarily, absorption of the more watery constituents of the effusion had been effected, and to such an extent as to cause a consolidation of the tumour.

PARISIAN MEDICAL NEWS.

LEARNED SOCIETIES.

Academy of Sciences.—In a paper on the drinkable water supplied by the river Durance at Marseilles, M. Grimaud describes as follows the plan adopted in many private houses to cool the water and impart to it perfect purity of aspect:—

The apparatus employed consists in two earthenware jars placed one above the other; the upper vase is perforated at the bottom like a flower-pot, and is filled with the finest sea-sand, which is covered with an earthenware disc pierced with many holes. The water is poured in, filters through the sand, and is received in the lower receptacle, which answers the purposes of an alcarraza, whence it is extracted at will through an india-rubber tube.

The Operation of Ovariotomy.

In the course of the last two years, M. Kœberlé has performed twelve operations of ovariotomy, and states, in a recent communication to the Academy, that nine of the patients have recovered.

In the three fatal cases, death supervened at the close or towards the middle of the week which followed the operation. One of the women died, after an interval of six months, of cancer of the womb; seven are still in the enjoyment of perfect health, and one has given birth to a child weighing upwards of nine pounds.

In five instances, both ovaries were removed; in three, one ovary was amputated, and also several hypertrophied Graafian vesicles in the other ovary; in four cases, the excision was confined to one side, and in one woman the second ovary was also diseased, but it was found impossible to extirpate the tumour, which has not, however, increased in size during the last eighteen months. In one case, *both ovaries and the womb* were amputated, and the patient is now in robust health. She had been previously subject to hysterical fits, which have not since returned.

In conclusion, a cure was effected in 75 per cent. of the cases—a result particularly remarkable, as seven operations of ovariotomy performed at Strasbourg by different surgeons have all proved fatal.

Partition of the Uterus impeding Labour.

Academy of Medicine.—M. Parise, Professor of Clinical Surgery at the School of Lille, reported the case of a woman for whom M. Depaul had been consulted, and who at her second confinement presented an unusual impediment to labour, in the shape of a partition which divided the lower part of the uterus into two separate cavities. The child's head was found on one side of the partition, and the feet on the other, the body lying across its superior margin. M. Parise succeeded in grasping the upper edge of the band, and divided it in its entire extent with a probe-pointed bistoury, an operation which was soon followed by the expulsion of the fœtus.

M. Parise conceives that in the present case the fœtus had been simultaneously developed in the uterine cavity and in the parietes of the womb. This condition of course materially interferes with the progress of labour, and forms a new variety of dystocia. Most fortunately, it can often be recognised in time, and effectually remedied so as to save both mother and child. The following are its symptoms: a large rounded tumour occupying the upper part of the vagina, and apparently formed by one of the labia of the os uteri, within which portions of the fœtus may be felt. The orifice of the womb is situated high up on one side of the mass, and assumes a crescent shape. This unnatural form of pregnancy might be mistaken for a tumour of one of the labia of the os tincæ, the symptoms being the same in both cases, and the diagnosis must rest on the discovery of some part of the fœtus within the mass. An error might more easily arise from the coincidence of uterine with interstitial gestation. The most ready means of discovering the real state of things consists in the introduction of one hand (the left if the tumour occupies the left side, and *vice versâ*), and in ascertaining that the entire body of the fœtus is included within the womb.

The only appropriate treatment consists in the division of the unnatural partition.

M. Bouillaud presented a case drawn up by M. Blachez, and laid on the table a solution of sulphuret of lead extracted by Mr. Fordos, the dispensing chemist of La Charité, from the brain of a man labouring under cerebral saturnine disease. The patient had been employed at the lead-works at Clichy, and had twenty-five epileptic seizures in the course of twelve days' residence in hospital.

M. Bouillaud took this opportunity of dwelling on the necessity of substituting machinery for human labour in all lead-factories.

After summarily disposing of a large number of patent medicines, represented by their authors as both *new* and *useful*, M. Roger read a favourable report on a water-bed devised by M. Démarquay and constructed by M. Galante. This is a cheap substitute for Arnott's bed, of which it shares all the advantages, and as a most useful appliance in the treatment of bed-sores, fracture of the neck of the femur, morbus coxæ, &c.—'Journal of Practical Medicine and Surgery.'

Junior Medical Society of London.—A meeting of this Society will be held at University College, Gower st., this evening, at eight p.m., when a paper will be read by Mr. Ch. E. Arme, "On the History and Nature of Wasting Palsy."

GENERAL CORRESPONDENCE.

BEST MODE OF CHLOROFORM ADMINISTRATION.

To the Editor of the Medical Circular.

Sir,—In the administration of chloroform, the surgeon will always find it better to begin with a small dose of about *half* a drachm and go up to a drachm or drachm and a half, but never to reverse this rule: this is not sufficiently attended to.

A very good plan is to let a patient take five or six whiffs of strongish vapour, and then a seventh whiff of, pure atmospheric air, and so on. The necessity of stethoscopic examination in all cases for fatty heart is all pure dreaming—nay, you may frighten the patient, and induce the very accident you are striving to avoid, by talking to him of stethoscopes, diseased heart, and the like.

In midwifery the secret is, not to begin the chloroform too soon; the patient bears her early pains with satisfaction, if not well-disciplined fortitude; nurse and female friends expect her to groan and give notice of the "labour." If married late in life (if the woman, in other words, be above thirty or thirty-five), she usually suffers very much, especially a primipara; a good rule, then, is not to encourage her to have the chloroform till the os is fully the size of a shilling. Mere book men are fond of repeating from one book to another as to the "stage" of the labour, but the size of the os is a good rough-and-ready test, much preferable.

Nearly all the objections to chloroform in labour have been now traced to Poor-law practitioners, or persons acting on their inspiration. Here the objection chiefly has been that chloroform lengthens out the time of attendance—not a recommendation in parish practice. Chloroform, however, in this direction is making enormous way with the public, but chiefly on account of its "quackeries."

I believe, in the right application of electricity, we have now a perfect safeguard against all the dangers of chloroform. I have been curious enough to ask in almost every London hospital of the most reliable men as to chloroform, how would he or they apply electricity, and in not one instance did I get the remotest approach to the right answer. The plans now followed, copied religiously out of the 'Lancet' of a dozen years ago, as to fatty heart, &c., only kill the patient with more certainty; just as mercury and profuse salivation aggravate various forms of simple sores reputed syphilitic, or large venesections in quarts aggravate typhus or hysteria. The primary induced current (not the secondary) to the phrenic and respiratory muscles (avoiding the heart), trusting to the *break* of the current for muscular contraction, is almost infallible in restoring to life persons from chloroform otherwise to all intents dead. When once artificial respiration is set up by electricity the circulation through the heart becomes quite easy. This fact would not be worth stating so often, but that the experiments have been tried on hundreds of the lower animals purposely poisoned by chloroform or drowned. The effect is *nil* if the current be complete (not in "breaks"); the death is more certain, too, if the current be applied *to the heart*, as it stops and coagulates the blood in the cavities; and yet I saw a case of chloroform accident at Guy's, where the current secondary or tertiary was steadily applied without let, or hindrance, or "break," by dressers and "sister" and nurse to the heart,—never in the right manner to the phrenic; and this is even better than what one expects at other hospitals, or that of the notable writer recently in the 'Times,' who obviously has never seen an accident at all, and yet there have been 250 deaths, and twice as many rescued from death.

I am, &c., Charles Kidd, M.D.

Sackville street, Sept. 16.

A QUESTION OF MEDICAL ETIQUETTE.

To the Editor of the Medical Circular.

Sir,—In your number for August 31st of this year you have an article upon "The Irish Schools of Medicine," in which you give abundant and, without doubt, just praise to the schools of the sister island; you award, not

alone to the system of education, but to the teachers and to the nation generally a handsome and well-merited tribute of commendation, and one which a long residence in Ireland and a constant association with its natives enable me to endorse confirmatively. In a subsequent number of your Journal (September 21st 1864), Dr. Griffith reports a "Case of Recurrent Fibroid Tumour," and to this I should wish, through the medium of your columns, to make some allusion, more especially as it has reference to the leader above mentioned.

I fully admit that the Irish character is worthy of the highest esteem; but I am sorry to say that, in the instance I am about to quote, it cannot bear comparison with the disposition of the English, as exemplified in the person of an English surgeon.

The history attached to the "Case of Recurrent Fibroid" is, according to my knowledge, something as follows:—First, the patient was one in private practice; secondly, the lady was the widow of a medical man; thirdly, she had been under treatment in Dublin for some time. But these matters are irrelevant to the subject which I wish to bring under your notice; and which is the difference in the treatment this lady, the widow of a medical man, received at the hands of the English surgeon and that of some of the Dublin surgeons. The lady was introduced; an examination was instituted; an opinion was pronounced; it was deemed advisable that the operation, which was subsequently performed, should be undertaken; the surgeon was asked his fee; and his reply most certainly put to the blush those Irish gentlemen who had had charge of the case previous to the lady's coming to London—"We in London do not feed upon each other, and I look upon the lady as one of ourselves; I shall, therefore, make no charge; indeed, I would just as soon think of charging my own mother." The operation was performed at the lady's house; no fee was charged nor ever even hinted at in any of the subsequent visits to the patient.

Now, Sir, how different was the conduct of the Irish surgeons to this lady, who is really "one of themselves," being, with all her family, of Irish birth. Mr. A. B., the Irish surgeon first in attendance, calls in Mr. C. D.; Mr. A. B. is offered, and without any demur pockets, his fee; Mr. C. D. passes under the same painful (?) necessity of being offered a fee, which, however, he also takes without any word of dissent. They continue their attendance, receiving and taking their fee at each visit; an operation is deemed necessary; and is performed with the success reported in your columns.

I should not have brought this case forward had the widow been left by her husband in affluent circumstances; but as her means of support are small, I think it worth mentioning for the sake of contrast.

Yours sincerely, A Regular Reader.

P.S.—Since writing the above, I have learned that Mr. A. B., when the lady was coming over to London, would accept no fee.

LIEBIG ON THE UTILISATION OF THE LONDON SEWAGE.

Lord Robert Montagu has received the following letter from Baron Liebig:—

"Munich, Oct. 6.

"My Lord,—The blue-book which Dr. Brady was so kind to send has reached me, and I have read it with great satisfaction; it contains an abundance of most valuable information. The perusal of your report and the resolution of the committee lead me to think that this important question, which has occupied my thoughts since 1840, and to which I tried incessantly to direct the attention of the people in my work on 'Agricultural Chemistry' and my 'Letters on Chemistry,' is now progressing towards a solution. But while I rejoice at the prospect of seeing my views carried out, an anxiety, which is greater than I can describe oppresses me. The natural laws which govern the permanent fertility of soils and the increase of the produce are, from circumstances which I cannot detail here, very little understood by the British farmers, and hence arises a fear that the use of sewage, which ought to be a lasting benefit to agriculture, may be regarded after a few years as a veritable detriment by the same farmer, who in the first years of its application would assuredly give it his full approbation. In what may be termed its natural state sewage is not a universal manure like stable dung, which is efficacious at all times and on all localities, but a special manure, the continual application of which exclusively tends to impoverish the land.

"Stable dung contains all, a special manure only some, of the elements which ought to be restored to the soil in order to render it permanently fertile. Peruvian guano, for instance, belongs to the class of special manures, and experience has shown that in certain countries of Germany and Scotland the application of guano on meadow land, which produced in the first years enormous crops of grass or hay, had later no effect at all; and that the same man who at first overrated the value of guano eventually cursed its application. (See my 'Natural Laws of Husbandry,' p. 261—263.) Sewage contains ammonia, potash, and phosphoric acid, like guano, but phosphoric acid in a much smaller proportion. On a soil rich (in its natural state) in phosphoric acid, sewage will have an excellent effect; it will produce, for instance, large crops of grass, turnips, and corn, if the soil supplies the quantity of phosphoric acid wanting in sewage; but as in each successive crop a certain quantity of phosphoric acid is abstracted, the total quantity in the soil is by continual application of sewage gradually diminishing every year, and a time must arrive when the phosphoric acid is insufficient for further crops, and when sewage ceases to produce its former effects.

"By having the turnips eaten on the field, the soil (by the solid and liquid excrements) is exactly manured as if irrigated with a number of tons of sewage (containing the elements of voidings of the sheep), and the farmer knows that at the beginning of a new rotation he must manure his field with phosphates in order to get the former crop of turnips, corn, &c., in succession. The same field could not be rendered equally fit to furnish the same quantity of produce in a new rotation if it was manured year after year by the voidings of sheep only—or its equivalent of sewage, which would be the same thing.

"By the increase of his crops in the first year by sewage irrigation only, the farmer, ignorant of the natural law, would be led to believe that the same effect would continue, and that he could dispense with other manures altogether, except, perhaps, with the stable dung which his farm produces. But he would be mistaken; and on discovering his error, as he would soon do, the revulsion of feeling caused by it would be most baleful. The agriculturist must be made aware that by the introduction of sewage his whole system of farming undergoes a change, and that he has to make an apprenticeship to learn to supply it rightly and economically, and in order to benefit and not to injure his fields.

"If the agriculturist is left without proper instruction on this head, the labours of years of men like yourself, Dr. Brady, and others, would be lost. It would take a long time to recover the lost ground. When I think of the possibility, indeed I may say the probability, of this occurring, that the millions necessary to realise the proposed scheme should be expended in vain, that the great and important example of England should thus be lost to Europe, I confess that my anxiety on the matter is very great. It would be one of the greatest misfortunes that could happen should this contingency really occur. Every means, therefore, must be employed to prevent any misunderstanding; to clear up any false view regarding the efficacy of sewage; and to guard against all error in the application of it. To you, therefore, my lord, I write on the subject, being sure you will give it your most serious consideration, and be willing to devise means for averting the threatened evil.

"If clearly understood and properly managed, the employment of sewage will prove a blessing to agriculture, and those who by unwearied perseverance have at last seen the consummation of their labours may justly be looked upon as the benefactors of their fellow-men. But loud

would be the outcry should the agriculturist, either by his own ignorance or the want of forethought in others, find himself misled. Our name would then become a by-word, and instead of gratitude be recollected with a curse. There are two things which must be done: First, it must be made intelligible to all that sewage in its natural state does not replace stable dung in its entire efficacy, and that, if used exclusively, it will produce abundant crops only for a time; secondly, that for each crop the composition of sewage ought to be corrected according to the nature of the soil by adding those ingredients which are wanting in sewage, and which the plants to be grown require in the largest proportion.

"The composition of sewage being once perfectly known, a recipe for what is to be added could be made out and put in the hands of every farmer who uses it, and it remains a question whether it is not possible for the company itself to add those ingredients wanting in the sewage, according to the demand of the crop to be grown.

"The interest with which I follow this highly important question is so great, that were I a younger man and not half lame, I, instead of my letter, should be now with your lordship, in order that in personal communication the matter might be talked over in all its bearings; but as Parliament has not yet decided upon the question, the matter is perhaps not yet ripe to bring my apprehensions and scruples before the public, and therefore it may be better to wait.

"I have the honour to be, my lord, your obedient servant, "Justus Liebig.

"To the Lord Robert Montagu, M.P."

OPENING OF THE NEW GERMAN HOSPITAL BY THE DUKE OF CAMBRIDGE.

On Saturday afternoon the ceremony of opening the new German Hospital, at Dalston, by his Royal Highness the Duke of Cambridge, took place in the presence of a large number of ladies and gentlemen.

His royal highness, the president, arrived at the old hospital, which is in the immediate vicinity of the new edifice, shortly before three o'clock, and was received by the treasurer of the institution, the chaplain and hon. secretary, the vice-presidents, and the members of the committee, and preceded by the band of the Coldstream Guards, who played a march. The company proceeded through the grounds of the old to those of the new hospital, and having entered the building, moved to the chapel, which was crowded by ladies who had made up purses in behalf of the charity, and where an admirable German choir had also assembled. His royal highness having been seated near the altar, the choir sang a hymn of thanksgiving, "Now praise ye all our God." A psalm and prayer were then read by the chaplain, followed by another verse of the hymn of praise. This short service being concluded, the royal president, accompanied by the vice-presidents, committee, and officers, then proceeded to inspect the various wards of the new hospital, the arrangements of which were explained to his royal highness by Professor Donaldson and Mr. Edward Grüning, the architect. Whilst this was taking place the company, which had previously filled the chapel and all the corridors leading thereto, assembled in one of the upper wards, at the end of which a dais had been erected, and which was tatefully, as were also the chapel, porch, &c., decorated with evergreens, dahlias, and other flowers.

The Duke of Cambridge said it gave him unfeigned gratification in having the honour to attend and he present at the opening of this new German Hospital that day. After the very excellent address, and the statistics which had been laid before them by their worthy treasurer, it left little for him to say. He regretted that on their committee they had sustained some losses of valued friends to the institution, but it was gratifying to know that in the persons of such gentlemen as their treasurer and other gentlemen, whom he saw present, they had others to supply their places. He had had the pleasure of visiting and inspecting the various wards and rooms of that noble building, and he must say that they appeared to him in every particular perfect, and well calculated to suit the objects for which they were intended. Although the institution had suffered from adverse circumstances, it was to be sincerely hoped that the day of its adversity had passed away, and with the new hospital they were about to enter upon a new era of prosperity. It was to be borne in mind, however, that these species of institutions were dependent upon, if he might use the phrase, a hand to mouth sort of support, and therefore it behoved their friends not to be content solely with having raised the funds to erect that admirable German Hospital, but also to continue to aid in raising the means of its continued support. After referring to the noble example which had been set by the ladies in collecting the munificent amount of subscriptions they had heard their treasurer read that day, his royal highness expressed a hope that the gentlemen interested in the success of the institution would take a hint therefrom and double it as speedily as possible. Their thanks were not only due to the committee, who had carried out that noble undertaking, but to the medical staff, to the rev. chaplain, to Professor Donaldson, and to Mr. Grüning, the architect; and on behalf of himself and of the officers of the institution, he cordially thanked them. He had now only to declare, with very great pleasure, that the New German Hospital was open.

MEDICAL EDUCATION.

The Medical Committee of the North Staffordshire Infirmary have addressed the following memorial to the General Council of Medical Education.

To the General Council of Medical Education.

Gentlemen,—We, the undersigned, the medical officers of the North Staffordshire Infirmary, being impressed with the defects and the injurious consequences of the present prescribed scheme of medical education, beg leave to call the attention of the Medical Council to those parts of it which in our opinion most urgently need revision.

In the first place, with reference to the hospital attendance required from students of Medicine, we consider that undue and unfair preference is given to the hospitals of the metropolis and of other large cities in the United Kingdom in which medical schools are instituted; that this preference is prejudicial to the interests of other hospitals, and is accorded on no clear and sufficient grounds, so far as regards the opportunities and facilities afforded to students for clinical instruction, and the practical study of disease; and that generally, the partial recognition of certain hospitals or infirmaries not connected with medical schools is likewise regulated by as satisfactory principles, but made amenable to restrictions having no ascertainable bearing upon their capacity for educational purposes.

We also entertain the conviction that the lengthened attendance on, and the numerous courses of, lectures prescribed for students, involving several years' residence in the metropolis, or other large town, at a very great cost to their relatives, are requirements wearisome and unprofitable to the students themselves, and not calculated to form a class of practitioners suitable to the exigencies of ordinary practice. On the other hand, we believe that medical education commenced by apprenticeship to a medical practitioner, particularly to one connected with a public charity for the sick, constitutes the best preparation for the formation of a good practitioner, by teaching habits of self-reliance and by affording opportunities for acquiring much preliminary knowledge in the collateral branches of Medicine, in the use, administration, and dispensing of drugs, and in those general details of practice not otherwise to be learned, though essential to every medical practitioner.

The present system of education operates with injustice upon the general medical practitioners, and especially on those in the provinces, by rendering it very difficult for them to obtain pupils, even in instances where ample opportunities for practical study can be afforded, and by

depriving them thereby of a source of income to which they feel themselves justly entitled. Moreover, it is found that those educated according to the present scheme in force, without preliminary apprenticeship, not excluding those who, having greater pretensions and high testimonials from their schools, are elected as house-surgeons of hospitals and infirmaries, by no means excel in practical knowledge, and often exhibit an incapacity in that matter, which could not occur had their training been of a more practical kind. Further, the concentration of students in certain great cities of the kingdom, for the purposes of study and practice at their hospitals, deprives provincial infirmaries of that amount of assistance necessary to the efficient carrying out of their benevolent objects, and gives undue importance and medical status to those particular hospitals connected with medical schools. This serious evil, moreover, must increase if the present educational requirements be persevered with.

It is, however, well deserving serious consideration, whether provincial hospitals, especially those in large manufacturing towns, do not offer greater facilities to their pupils and dressers for acquiring an intimate and practical acquaintance with the treatment of disease than can the thronged hospitals connected with schools, and where, too, the pupils' minds are distracted by the multitudinous subjects they are compelled to attend lectures upon. In the infirmary from which we write nearly as large a number of cases are under treatment, and as many operations performed in the course of the year, as in some metropolitan hospitals: the work therefore presses heavily upon its medical staff, the number of pupils obtained being very small and inadequate, owing to the practice of the institution and the time spent in its wards being unrecognised by those who regulate medical education.

In conclusion, we respectfully solict the attention of the Medical Council to the following suggestions:—

1. To take into consideration the position of general practitioners with respect to pupils, and to make such regulations as shall encourage and recognise the utility of apprenticeship as a preliminary step in medical education.

2. To make such regulations as shall more generally and fairly recognise the means of instruction afforded in provincial hospitals, unconnected with medical schools, and thereby encourage the attendance of students upon their practice, and at the same time remove the difficulties at present experienced in the working of those charities, and turn the great opportunities of practical education they possess to more general account.

3. To accord this recognition and its privileges upon some fixed and reasonable principles, and thereby avoid that appearance of favour and partiality which has hitherto not been absent.

4. To consider the desirability of curtailing the number of lectures at present required, and of thereby lessening the period to be spent in the city in which the medical school is found—a result to be likewise attained by the recognition of the practice of provincial hospitals as above proposed.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following Members of the College were admitted Fellows at a meeting of the Council on the 13th inst.:—Benjamin Evans, Brixton—diploma of membership dated Nov. 5th, 1841; William Wayland Kershaw, Kingston-on-Thames—diploma of membership dated May 26th, 1843.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 6th inst.:—Cyril William Bowdler Bell, Valetta, Malta; Herbert Davies, University College; Edward Dodd, North Stoke, Oxon; Thomas Fairbank, Islington; John Powell, Chichester, Sussex; William Henry Power, St. Bartholomew's; Joseph Clement Bruce Smallman, Willingham, Gainsborough.

The following gentlemen also on the same day passed their first examination:—William Cunningham Cass, University College; George Gill, Liverpool Royal Infirmary; William Hoffmeister, University College; Alexander McIvor Tindall, St. Bartholomew's.

The following gentlemen passed their examination and received certificates to practise on the 29th ult.:—Joseph Birt, Grove House, Leamington; Henry John Ryder Bush, Warwick street, Regent square; George Fowler, jun., Newington terrace, Kennington park; Fenwick Metcalfe, Inglethorpe Hall, Wisbeach; David Charles Lloyd Owen, Smethwick, Birmingham; George Richard Turner Phillips, Leinster square, Hyde park; Henry Thomas Ryder, Upper Fitzroy street, W.

The following gentleman also on the same day passed his first examination:—Charles E. H. Rogers, Westmeon, Petersfield.

The following gentleman passed the Preliminary Examination in Arts held at the Apothecaries' Hall on the 23rd and 24th ult., but was omitted from the published list:—William Wingate Saul, Sibsey, Lincolnshire.

Bad Meat.—Amongst the many enactments passed by the Legislature with the view of preserving the public health and preventing disease, none is more important than the appointment of sanitary officers to see that no food be presented for sale unfit for the use of human beings. That the poor are obliged to eat unwholesome food is, unhappily, too true; and it is equally true that those who have little money to spend may be tempted, in their ignorance, by the largeness of the quantity offered, to buy what, if eaten by themselves and families, may result in the most fatal consequences. Butchers who expose tainted meat for sale are liable to heavy penalties; and we think that the graziers who sell cattle which they know to be diseased cannot be accounted free from blame. A grazier selling such animals to a butcher who, he has reason to believe, intends to offer them for sale is evidently accessory to the crime. During the past week a butcher was brought up at Guildhall, charged with having exposed for sale, in the Newgate street Market, meat unfit for human food. The description given by the sanitary inspector was absolutely revolting. He found four quarters of beef presenting a wet and emaciated appearance, and having cut one of the hips, he took out from four to six quarts of matter. Had any poor creature had the misfortune to eat of that putrid cow they could not have escaped disease, and might perhaps have got cholera; that spreading in the miserable locality where such poverty abides, would have found many victims. One of the witnesses against the accused butcher was the farmer who sold the cow. It appeared that the butcher's son had made the purchase; he gave ten shillings for the animal. The witness said the cow had been ill for two months previously, and entered into sickening details of the symptoms exhibited by the poor animal. Against the accused there also appeared his own son, and neither the moral character of father nor son appeared in the most advantageous light, as it appeared that they lived upon very bad terms, and the father sought to elicit from the son that he uttered threats against his father. However this may be, the son proved that he had purchased the cow, and his evidence confirmed the disgusting description given by the farmer who sold the beast. It does not improve the aspect of the case to say that the son and the servant who prepared the meat for market were the chief witnesses against the accused father; but the fact remains for the public that this filthy carcase was sent from Staffordshire to the London market. We are aware that it is a common saying amongst graziers and farmers that anything is good enough for Londoners, that any kind of meat will find sale in the metropolis; and meat, therefore, that they would not venture to expose in the local market they boldly send up to town. Our market inspectors need to be vigilant. The crowded poor of the metropolis are not placed under circumstances favourable to the resistance of disease. We think that, though the law only recognises the offence of the butcher, the farmer or grazier who sells diseased animals is, as an accessory, nearly, if not quite, as culpable. Alderman Finnis sent the case for trial, accepting bail for the appearance of the accused.

Compulsory Vaccination.—At the last meeting of the Whitehaven Poor-law Board, it was resolved that, in order

to secure proper attention to the subject of vaccination, special quarterly meetings of the guardians be held to see that the regulations of the board were duly carried out.

The Medical Register.—Pretended Qualifications.—Mr. Talley informs us that at the Marylebone Police-court, in the case of the so-called "Dr. Scott," he had three witnesses in attendance. He says that he first called Dr. Henry Scott, but that as soon as he was called the magistrate dismissed the case. This witness was called to prove that "Dr. Scott, *alias* Henry Hamilton," took the title of Physician, and that he represented himself as "Dr. Henry Scott," the witness himself being the only duly qualified and registered physician of that name in England. Mr. Talley holds that a man who calls himself "Doctor" and practises Physic must be held by fair inference to imply that he is a Doctor of Medicine. Mr. Talley says that he tendered evidence to show that "Dr. Scott" was not Dr. Scott, but one Henry Hamilton. He also produced legal documents alleged to relate to "Dr. Scott" under his former name of Hamilton. Mr. Talley also informs us that Mr. Mansfield granted "a case" for argument in one of the higher courts, and that this case will be settled and argued in due course. There is also a question whether a *mandamus* shall be applied for to compel Mr. Mansfield to hear the evidence. Mr. Talley says that, although not employed by the Medical Council, he was in correspondence with them.—'Medical Times and Gazette.'

Warwick County Lunatic Asylum.—A large addition to this asylum has been made, and is now ready for occupation. Forty additional female patients can now be received.

The Metropolitan School of Dental Science was opened for the session on Monday week. Mr. Fuller gave an able and eloquent epitome of the progress and development of the dental art and science in this and other countries.

Yellow Fever at Bermuda.—The 'Montreal Herald' of September the 24th says:—"Not many days ago it was our duty to mention the departure from this country of a number of military surgeons ordered to Bermuda, to render such poor aid as medical skill can afford to the many sufferers in that island attacked by yellow fever. On Saturday official information was received here which renders it only too certain that Dr. Clarke, who was in service at Quebec, and Dr. Milroy, of the 30th Regiment, forming part of the garrison here, have succumbed before the fatal epidemic. Surgeon-Major Barrow has also been taken down by disease, but we believe that in his case the attack was complicated by dysentery, which, according to Southern traditions, tends to weaken the influence of the more destructive malady, and at last accounts he was reported to be recovering. Dr. Ferguson, also of the thirty, has been attacked, and was not out of danger when the last advices came away. Dr. Harrison, R.A., has been reported among the victims; but we are glad to have reason to think that this report is so far erroneous. Still, out of eleven surgeons who left this city on the 17th ult., we have had within thirty days the intelligence that five have been assailed by the fever, and that two, if not three, have died. As an example of the extreme suddenness and virulence of the attacks, it is mentioned that when the steamer St. George was leaving the island on her last trip five men rowing to the vessel in one boat were attacked before they came alongside, and had to put back and go into hospital. We regret to say that we have received a communication, stating that not only were the steps which every well-informed person understands to be usual and efficient for preventing or mitigating such calamities omitted, but also that the advice of scientific men, professionally tendered, was disregarded. The use of open air lodgings on high and dry ground, in an atmosphere fresh from contamination, is thoroughly understood by every civilian, and in frequent instances bodies of troops attacked by pestilence of one kind or another have ceased to lose a man from the moment that they were marched out of barracks to bivouac on the turf and live out of doors, free from the death-dealing miasma of their close and infected quarters. Yet it would appear from the information furnished by our correspondent that this well-known method of saving the lives of soldiers did not suggest itself, and when suggested by others was rejected by an officer sufficiently experienced and high in rank to have military command of the station, and that the men were kept encamped on low ground, and the military hospital not only not disused (as was advised by the medical officers), but overcrowded, though its walls were impregnated with yellow fever poison. For the sake of an old officer, and of the service to which he belongs, we must express a sincere hope that there were some circumstances not known to the gentleman who has written to us. We learn that the fever was conveyed to Bermuda, where it is a very unfrequent visitor, by the blockade-runners. They have also taken it to Nassau, where it is raging almost as badly as at Bermuda. The crews of these vessels have also themselves suffered very severely from the disease, and some of them are left without officers or crew, except, perhaps, a solitary negro cook or seaman."

Successful Ligature of the Innominata.—In the 'American Medical Times,' August 20, there appears an interesting correspondence between the venerable Valentine Mott and Dr. Rogers. Nearly half a century ago Dr. Mott first performed this daring operation, but the man died after successive operations on the twenty-sixth day. The operation has been performed thirteen times since, and invariably with a fatal issue; but the octogenarian surgeon, the American 'Nestor' of Surgery, has lived to witness the consummation of his hope and belief that the operation would one day be successfully performed. Dr. Rogers gives an account of the operation as performed by Dr. A. M. Smith, of New Orleans. The innominata and right carotid were tied May 15, and hæmorrhage occurred at intervals until the vertebral was tied July 8. Since then all has gone on well, and on August 9 Dr. Rogers reported that the wound had healed, and the man was walking about.

Munificent Bequest.—Miss Clements, formerly of Liverpool, has left the liberal bequest of 30,000*l.* to several Liverpool charitable institutions to be equally divided.

Royal College of Surgeons.—The annual list of the Fellows, Members, Licentiates in Midwifery, and persons who have received the certificate of qualification in Dental Surgery of the College, has just been published, from which it appears that the total number of Fellows is 1,296, 300 of which number have obtained the honour by examination, and 996 are honorary and elective members. The Licentiates in Midwifery number 926. There appears a great increase over last year in the number of Dentists, who are now 280 strong. The financial report is interesting, inasmuch as the receipts are 1,396*l.* 13s. 8d. more than they were in the preceding year, and the disbursements only 425*l.* 16s. 2d. more than they were in the same period. The total receipts in the year amounted to 13,806*l.* 14s. 8d., arising principally from the primary and pass examinations for diploma of membership, which produced 10,202*l.*; the Dental certificate, 924*l.*; rent of the chambers adjoining the College, 702*l.* 15s. 6d.; elections to the Fellowship, 157*l.*; the Midwifery licence, 138*l.* 12s.; examinations for the Fellowship, 220*l.* The dividends on investments in Government securities produced only 1,130*l.* 16s. 2d. The disbursements amounted to 12,844*l.* 13s. 3d., exclusive of 1,792*l.* 10s. investment in Government securities. The sum of 7,998*l.* 17s. 1d. is put down as paid to council, examiners, diploma stamps, list of members, coal, salaries, wages, law expenses, &c. The museum department, including catalogues, specimens, spirit, bottles, salaries, wages, &c., 2,264*l.* 13s. 8d. The library department is very moderate, only taking 601*l.* 18s. for the purchase and binding of books, salaries, &c., Miscellaneous, including taxes, insurance, pensions, &c., 1,677*l.* 9s. 10d.

Professor Owen at Birmingham.—This gentleman delivered the second lecture of his course "On the Classification, Geographical Distribution, and Geological Relations of the Class Mammalia," in the Temperance Hall of the above town, on Monday. He stated that the discovery of the existence of a species of the mammalian quadruped in the oolitic state was very interesting, and gave the following curious illustration. There was an old quarry near Oxford which had yielded many interesting geological

specimens. One day the old quarryman brought a small jaw, and on handing it to Dr. Buckland, said, "I think, sir, I've got the jaw of the rat that was drowned in the deluge" laughter). The Dean could scarcely believe the discovery, and in 1815, when Baron Cuvier visited England, he showed it to him, who at once stated that it belonged to an animal of the mammalian species, and was nearly allied to an opossum. The Baron, however, would not believe that it came from the oolitic state until he had received a report from a gentleman whom he specially commissioned to come over to England, and make an examination, and who confirmed Dr. Buckland's report. To give his hearers some idea of the age when the little creature lived, he (Professor Owen) might tell them that all their downs of chalk—their grand white chalk cliffs, from which Albion obtained her name—had been circulating in living vessels of living animals subsequently to the time when that little animal had lived and died.

CAMBRIDGE.—At a congregation held on Oct. 13th, 1864, a Grace was passed giving authority to Dr. Humphry's certificates of attendance on his lectures on human anatomy.——At the same congregation the degree of M.D. was conferred on Robert Liveing, M.A., Christ's College.

THE NEW STAFFORD LUNATIC ASYLUM.—This building is erected at Burntwood, three miles from Lichfield, and is intended for the reception of 500 patients. The cost at present amounts to 35,000*l*. The addition of another wing to complete the design will raise the cost of the whole building to 45,500*l*.

PRESENTATION TO DR. EWART.—A public dinner has recently been given at Middleton-in-Teasdale to Dr. Ewart, on his leaving that place after a residence of seventeen years. The chairman, the Rev. F. W. Robertson, on behalf of the meeting, presented to Dr. Ewart a handsome gold watch and chain. The watch bore a suitable inscription.

DEATHS.

CLARKE.—On the 4th ult., at Bermuda, J. Clarke, M.D., Surgeon 15th Foot.

HAWLEY.—On the 30th ult., at Mansion House road, Edinburgh, Elizabeth Hawley, only daughter of Dr. A. Anderson, R.N., aged 19.

HODGES.—On the 2nd inst., at Kensington park road, Bayswater, E. Hodges, M.D., late of Bath, aged 54.

JEFFERY.—On the 27th ult., at Trinity terrace, Southwark, J. Jeffery, M.R.C.S.E., of Northampton.

LODGE.—On the 31st of Aug., at Bermuda, H. Stewart Lodge, M.B., Assist.-Surgeon 2nd Foot.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 19.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—An Open Meeting; Junior Medical Society of London, 8 p.m.—Meeting at University College, Gower street. Mr. C. E. Orme, "On the Nature and History of Wasting Palsy."

THURSDAY, OCT. 20.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society, 8 p.m.—Mr. W. Adams, "On Forcible Extension in Cases of Partial Anchylosis or Stiff Joint."

FRIDAY, OCT. 21.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, 8 p.m.—Mr. G. Pollock (President), "On the Relative Advantages of Puncturing the Bladder by the Rectum and Perineal Section for the Treatment of Impervious Stricture."

SATURDAY, OCT. 22.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 24.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 25.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Practical Observations on the Hygiene of the Army in India; illustrated with Woodcuts. By Stewart Clark, M.R.C.S. Eng., Inspector-General of Prisons, North-West Provinces of India. London: Smith, Elder, and Co., 65 Cornhill.

Lectures on Public Health. By E. D. Mapother, M.D. Dublin: Fannin and Co. London: R. Hardwicke, 192 Piccadilly.

Canada Medical Journal, No. 4.

Archives of Dentistry, No. 2. Edited by Edwin Truman, Esq. London: John Churchill and Sons, New Burlington street.

Skin Diseases: their Description, Pathology, Diagnosis, and Treatment; with a Copious Formulary. By Tilbury Fox, M.D. Lond., &c. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	a.	d.
J. T. Savory, Esq., Wendover	0	5	0
W. E. Porter, Esq., Lindfield	0	5	0
J. F. Martin, Esq., Abingdon	1	1	0
P. La'Fargue, Esq., Meriden	1	0	0
J. J. Clapcott, Beaminster	1	1	0
Dr. W. H. Colborne, Chippenham	1	1	0
H. B. Smith, Esq., Battle	0	5	0
J. Prankerd, Esq., Langport	0	10	0
Messrs. Firth and Fernie, Macclesfield	0	10	6
Dr. Wm. Ogle, Derby	0	10	6
Dr. Hulme, Wigston Magna, near Leicester	0	10	0
Dr. Barnes, Finsbury square	1	1	0
D. Downing Esq., Barton-on-Irwell	1	0	0
Rd. Roe, Esq., ditto	1	0	0
J. L. Fletcher, Esq., Eccles	0	10	0
G. Calder, Esq., Hailsham	0	5	0
J. E. Clouting, Esq., Shipdham	0	10	0
A. C. Shout, Esq., Petworth	0	10	0
J. Wills, Esq., Sturminster	0	10	0
Medical Officers of Leek Union	0	10	6
Amount previously announced	67	13	6
Received at the 'Lancet' Office	4	12	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
Oct. 12, 1864.

MR. RICHARD GRIFFIN.—The paper is published.

MR. F. J. GANT.—The abstract has been received.

THE JUNIOR MEDICAL SOCIETY OF LONDON.—The notice is inserted.

DR. ROBERT FOWLER.—The letter is inserted.

THE HARVEIAN SOCIETY.—The card has been received, and the notice is inserted.

A REGULAR READER.—The letter has been received.

MR. J. D., *Cambridge*.—The notice has been received.

DR. H., *Liverpool*.—There are advantages and disadvantages in commencing with an open shop, but we believe that the risk of failure is less and the prospect of success greater than in the other method. A plan may not be desirable, but it may be dictated by prudence.

JUVENIS.—We believe that the preparation alluded to owes its efficacy to the presence of the iodide of potassium.

A LADY READER.—We believe that the homœopathists are partly knaves and partly fools. Those who practise a delusion, knowing it to be such, belong, of course, to the former class; and those who believe the incredible absurdities put forth by Hahnemann and his disciples are clearly entitled to rank with the latter.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

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(Continued from page 67.)

The General Symptoms of Disease of the Heart.—Having now considered the physical signs of organic disease of the heart and the lesions which they respectively indicate, it is necessary to make a few observations upon the general signs which denote impaired structure of the central organ of the circulation. These general signs, which are sometimes very striking, and at other times or in other instances are almost or wholly wanting, are far inferior in importance to the indications offered by auscultation and percussion; and we cannot wonder that, at a time when these aids to diagnosis were not available, the whole subject of heart-disease was involved in doubt and uncertainty. The state of the pulse and the breathing, the feelings of the patient, the presence of local pain, and other similar symptoms, are by themselves entirely unworthy of reliance, and become important only when taken in connexion with the physical signs. But, on the other hand, the very accuracy and precision attained by auscultation have led to errors of a rather deplorable character in actual practice; for the presence of murmurs, even although well attested and although indicating the existence of actual disease, does not necessarily imply a condition which is dangerous to life, or which is incompatible with the enjoyment of average health. The announcement on the part of a physician to a patient that the latter is labouring under an organic disease of the heart is calculated in very many instances to do much more harm than good, because, as the opinion generally prevails that such diseases are very dangerous and irremediable, the distress of mind which such an announcement is likely to inspire may render a life burdensome which might otherwise have been spent in comfort and happiness.

I think that I may take credit to myself for having been one of the first to point out that disease of the heart, even of a decided character, and involving the structure of the valves, is not so dangerous to life as is generally supposed, and that persons may attain even to a very advanced age when labouring under such an infirmity. I even ventured to suggest, many years ago, that in cases of life assurance, the mere existence of some disease of the heart should not be regarded in all cases as making a life uninsurable, although, of course, this opinion was given then, and is repeated now with many reservations. At the time when I brought forward this view it met with very few supporters and with much opposition; but at present I believe that it meets with general favour and acceptance. I am inclined to believe, indeed, that the worst and most suddenly fatal heart-diseases are those which we have at present no means of accurately distinguishing during life—namely, those of fatty degeneration—and that a certain degree of valvular disease does not interfere materially with the circulation, nor impair the ordinary functions of the body. In fact, the human organism possesses the power of adapting itself to circumstances; and if the blood is unable to pass with a full stream through the cardiac orifices, or if it meets with some impediments to its passage, it diminishes its volume in proportion to the obstacle it encounters, and the system gradually accommodates itself to the diminished supply. It must also be recollected that, by mere physical exploration alone, we are unable to determine during life the magnitude of the obstruction opposed to the circulating current, for a very loud murmur may be caused by a very small impediment of this kind; while, on the other hand, a huge mass of osseous matter may be closing up the valvular orifice without causing more than a very faint murmur.

The following are the remarks I made at the period to which I allude:—

"If it can be proved that actual organic disease of the valves of the heart may exist for a considerable period, and without shortening the average duration of life, such a conclusion may tend to divest this class of maladies of some part of the terror which their existence now so commonly inspires; and a patient who is unfortunately labouring under a disease of this description may nevertheless be encouraged by the reflection that a disease of the heart, although of a decidedly serious character, may not prematurely put a stop to his career. If such be the consolation which may, I think, fairly be afforded to those suffering under confirmed and extensive disease, how much more applicable is it to those who are affected only by some of those minor affections of the heart and its valves which occur so frequently among the sequelæ of rheumatism? The subject is one of great importance in its relation to the average duration of human life and the practice of life insurance. The existence of any disease of the heart is, I believe, an insurmountable barrier to effecting a policy of insurance; but I think it probable that, in proportion to the accumulation of facts bearing upon the subject, the deductions drawn only from the physical exploration of the heart will not be so exclusively regarded as they have been of late years. But upon this point I wish to be understood as offering a very guarded opinion; for I have no wish whatever to undervalue the importance of the information derived from auscultation, nor do I pretend to assert that the existence of cardiac disease is a matter of slight moment. All I presume to argue is, that cardiac disease, even of a very decided and extensive character, may be compatible with long life and moderate health" (*a*).

The opinions I expressed at that time have certainly been confirmed by subsequent experience, for, putting out of consideration the numerous cases in which an erroneous diagnosis of disease of the heart is given, there are many well-ascertained instances where patients with such affections have lived to the usual period, and many in which the patients themselves are ignorant of their having any disease at all. Some of the patients whom I had in view when the paper alluded to was written are alive now, and several whom I have attended since prove the truth of the same proposition.

Whether Dr. T. K. Chambers had ever seen my papers on the subject or not I do not know, but he arrives at the same conclusions with myself in his 'Lectures, chiefly Clinical,' which have lately been published. "With persons in easy circumstances," he says, "valvular lesions exist for years and years, perhaps through the greater part of a long life, and not only do not prove fatal, but may fail even to cause symptoms bad enough to make them consult a medical practitioner" (*b*). Dr. Chambers then quotes from his private notes, several cases of persons in easy circumstances in whom the stethoscope or the history, or both, gave every indication of injury to the valves of long standing, but in whom no inconvenience sufficient to be called illness by themselves had followed.

I well remember the case of a gentleman in whom I ascertained the existence of mitral disease, and whose life was declined at some offices on that ground; but some other offices accepted him, although the medical officers were aware of the lesion, and he lived to the usual period, having, I believe, paid an extra premium to cover the risk.

But the practical lesson I would draw from these remarks is, that reliance ought never to be placed on physical signs

(*a*) Observations on Valvular Disease of the Heart. By R. H. Semple, M.D. 'London Journal of Medicine,' November, 1850.

(*b*) Lectures, chiefly Clinical. By Thomas King Chambers, M.D. London, 1864.

alone, any more than on the general symptoms alone; but that both should be carefully considered in conjunction before a definite opinion is formed. Hence, therefore, the general symptoms, although individually of little importance, become valuable aids to diagnosis when taken in connexion with the evidence obtained by auscultation and percussion.

For instance, in some cases of disease of the heart, even the circulation is very little, if at all, disturbed, and the pulse does not indicate either by undue rapidity, or slowness, or irregularity, or intermission, or any other peculiarity, the existence of cardiac lesion. The breathing also may be natural and the digestion unimpaired. But when difficulty of breathing, and cough, and spitting of blood supervene, and more especially if swelling of the legs and general anasarca are added, the case is very serious, and the prognosis unfavourable.

(To be continued.)

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

WESTMINSTER HOSPITAL.

On the occasion of a recent visit to Westminster Hospital we saw (Case I.) a little boy of about five years of age, who had, some time since, suffered from acute rheumatic fever, to which had succeeded abscesses in the ulnar side of the left forearm and in the upper part of the right thigh. After the abscesses in the forearm had obtained exit, the lower end of the fibula, immediately above the epiphysis, protruded through the integuments. The bone was quite dead; but the patient was so low that Mr. Holt considered it advisable to build up the strength of the constitution and to leave the separation of the bone to Nature. The health was very much improved; so much, indeed, that in June Mr. Holt removed five inches of the ulnar, leaving the lower epiphysery extremity and the upper portion of the bone. The joints—the wrist and elbow—were untouched in the operation; neither had the disease invaded them, it being limited to the extent of bone which was removed.

The wound did well, and healed; the health continued to improve, and in July it was deemed necessary to have another operation for the removal of the dead portion of the femur. Mr. Holt accordingly cut down upon the great trochanter, which was suspected to be the only part of the thigh-bone that had become necrosed; when, however, the incision was made, an unexpected condition presented itself, inasmuch as the head, neck, and a great part of the shaft of the femur were found implicated in the same diseased action. The primary incision was immediately extended in order to admit of the removal of the dead bone, and, altogether, six inches and three quarters of an inch were taken away, comprising the head, neck, and some extent of the shaft.

The wounds resulting from these operations were healed and the patient's constitution seemed to be in excellent condition; there was, however, necrosis still going on in the tibia of the right leg; and a portion of the bone, which had died, was removed as we stood by the bedside. There is, as of course must happen, a considerable shortening of the limb on which the operation was practised.

Case II. was that of a boy whose age was about the same as that of the last patient. He was the subject of spinal disease, as could at once be told by the expression of his countenance, even before any examination of his back had been instituted; and, on his admission, the legs were flexed upon the thighs and these latter upon the trunk, so that the child was rolled up in a ball-like manner and could only separate the knees from the chin by forcibly bending the head backwards.

Under the influence of chloroform, the lower extremities were stretched; upon the left limb was placed a long splint, as for fractured femur; while, at the same time, the right one was kept in proper position by having a bandage attached to it a little above the ankle-joint and then made fast to the foot of the bed. In this manner both of the lower extremities were brought into a straight position and so maintained, the deformity which had existed being quite removed.

Case III.—An old man who had had a large-sized ulcer on the knee, but which, under the plan of treatment he was subjected to by Mr. Holt, had diminished very considerably. The plan to which allusion is made is that known as the "sealing" of the ulcer or wound so effectually as to exclude the air, and it is effected in the following way:—The ulcer is first cleansed; over it is placed a piece of adhesive plaster larger than its diameter; in the centre of the plaster a hole is cut, while all round this hole collodion is laid on in order to retain the next covering, oil-silk. The latter has an area equal in its diameters to that of the plaster, which it completely covers in, and with which it is amalgamated so closely, by means of the collodion, that they form one integument. Over these are placed another piece of plaster, an opening being made in the centre, and a few turns of a roller to keep all in their proper places.

Of this method of treatment Mr. Holt speaks in the most favourable terms.

Case IV. was a young, strong-looking man in whom disease of the right shoulder-joint had obtained. As there was immobility of the joint, showing thereby that the parts entering into it were matted together by adhesions, the deltoidal or elliptical flap was made, in preference to a straight incision, down to the head of the bone. Though this latter might appear to be the more simple manœuvre, yet, when it is considered that the structures were all adherent, it must at once be apparent how difficult would be the removal of the diseased bone because of the opposition which would be experienced in turning it out through the incision. The deltoidal flap, when turned up, allowed a view of the condition of the entire joint, and enabled the operator to cut down into it directly, and, comparatively speaking, without any difficulty. The knife was brought into immediate contact with the exposed structures, their division was accomplished, the joint was opened, the head of the bone turned out and sawn off along with as much of the shaft as was found to be diseased.

The patient has since done well, and the wound is fast closing, the granulations being healthy and becoming covered over with new skin.

Case V. was a female patient who had an oval-shaped ulcer upon the dorsum of the foot, running not quite parallel with the long diameter of the foot, but placed diagonally, so that one extremity of it pointed to, and almost extended as far as, the metatarsal bone of the great toe, while the other reached almost to the outer malleolus.

The "sealing method" which we have described was adopted in this instance, but had to be discontinued in consequence of the inflammation which it occasioned. No cause could be assigned for this untoward effect, but Mr. Holt took occasion to remark, that if the collodion were allowed to come into contact with the raw surface such a condition would be produced as had arisen in the present case.

Instead of the "sealing," therefore, the ulcer was ordered to be dressed with dry lint, which, it was anticipated, would produce a complete alteration in the character of the sore and bring about its healing. This ulcer, we would remark, bore a very close resemblance to the menstrual.

ST. GEORGE'S HOSPITAL.

We recently had an opportunity of seeing Mr. Henry Lee operate on a patient in the above hospital. The affection under which the man laboured was varicocele—and that, too, of some considerable size—affecting the left side of the scrotum and the veins of the left cord.

As the plan of treatment pursued was novel in comparison with other methods and is the design of Mr. Lee, we shall mention it in detail as we saw it done:—The man was laid upon his back and was brought under the influence of chloroform; the scrotum was accurately examined so as to ascertain the exact condition of its veins, the veins of

the cord and the testicle. This last organ was sound with the exception of a diminution in size, owing, no doubt, to the pressure exercised by the column of blood in consequence of the diseased state of the veins, which, imperfect in their action, allowed the blood to gravitate.

The cord was taken between the fingers and thumb, and the vas deferens isolated from the other parts; when, then, there was no danger of the vas being wounded—its thorough isolation having been effected—the upper needle, or that nearest the pubis, was first introduced through the scrotal tissues, made to pass behind the veins (so that they lay in front while the vas was behind the intervening needle), and its point then brought out on the side of the scrotum opposite that where it was entered.

Each needle was armed with an elastic band, which, when the needle is about to be passed, is drawn up towards the head of the needle, so that there may be no hitching as the little instrument is traversing the tissues.

The second needle was introduced in the same way as the first, but a little lower down in the scrotum, in order to include between them both a certain length of the affected veins; the elastic band was stretched, so as to bring it over the part of the integument of the scrotum which lay between the aperture of entrance on the one side and that of exit on the other and to make it fast upon the point extremity of the needle; and this was easily effected by causing the needle to pierce the elastic band as it was held tense by being put on the stretch as just described. Between this elastic band and the integument there is placed a piece of lint folded upon itself. The second needle is dealt with in the same way, and the sharp end of both is removed. A narrow-bladed knife is next passed horizontally underneath that part of the varicose veins lying between the needles, and when introduced sufficiently far its edge is turned toward the integument upon which rests the thumb with the intervention of a dossil of lint; against both of these, the thumb and lint, the vessels are divided, great care being observed to avoid wounding the skin. Sometimes, however, although the utmost caution be taken, a wound is unintentionally made, in consequence, as Mr. Lee pointed out, of the rolling about of the thickened, enlarged, and distended veins under the edge of the knife while it is being drawn across them for the purpose of their division. In some instances the veins are so tough that they do not yield before the knife, and cannot, therefore, be divided, but are drawn out through the opening in the integuments by which the knife was made to enter and by which it is withdrawn in the attempt to divide the diseased vessels. It is, in fact, very much more difficult to perform this part of the operation than might at first be supposed. When the veins are cut the wound is covered with a piece of lint, which is retained in its position by means of adhesive plaster.

The great advantage that Mr. Lee connects with the use of the elastic band is, that by its very resiliency it acts more efficaciously in constricting the vessels by drawing the needle tightly against them, and by keeping it always pressed against them with an equable degree of force, no matter how far the process of cutting through them may have advanced. Moreover, there is not by any means so much distress or pain occasioned as there is by the older methods.

The degree of compression-force can always be regulated by loosening or tightening the elastic band; the latter can be effected by stretching the band from the head of the needle towards its point, so as to have a shorter length of it drawn over the integument which lies between the needle's head and point. The loosening can be obtained by the converse method, that is, by transfixing the band with the needle's point more towards that end of it which corresponds to the point. Again, the force can be modified by slipping a pledget of lint under the band as it lies upon the integument which intervenes when the needle has entered and passed out through the scrotum; the thicker the piece of lint, the greater, of course, will be the force of the compression; and this force may be augmented from day to day as the needle is cutting its way out through the tissues. This method which we have just described is, Mr. Lee contends, the safest and most efficacious, and therefore the best for the cure of a varicose and otherwise altered condition of the venous channels.

In another patient, also under the care of Mr. Lee, we saw him practise the same operation upon the varicose veins of the left leg, the vessels being taken up immediately below the knee. As the patient, a married woman, suffered from a varicose tumour of the left labium, Mr. Lee sought its removal likewise, and in the following manner:—The vessels, thickened, indurated, and dilated, having been lifted up by the thumb and forefinger, and having been thus completely isolated from the other structures forming the labium, a needle was passed under them from above downwards—that is, in a manner parallel with the length of the labium—and then its point was brought out at the lower part of the labium and altogether below the varicocele; another needle was now entered at the outer side of the labium, made to pass underneath the first needle, and, consequently, wholly beneath the tumour, and was then made to pierce the integument on the inner side of the labium at a point exactly opposite to the aperture of entrance. The needles having the diseased veins in front of them were then treated in the same way as if the operation were for nævus; that is, there was passed around them a ligature composed of an elastic band, and this was drawn as tightly as it was deemed necessary for the occlusion of the vessels.

Mr. Lee contends that by using the elastic instead of the ordinary thread ligature the division of the veins by means of the ulcerative process through the instrumentality of the needles is better accomplished than when thread is employed, since, in the former instance, the degree of pressure exercised upon the tissues is always the same, inasmuch as the elastic band, by its inherent resiliency, contracting, diminishes its length as it cuts through each structure, no matter how delicately fine or how thick that structure may be.

These labial varicoceles are by no means so rare as they are generally supposed; but they seem to be so, because, in the first instance, they are not looked for, and, in the next place, delicacy makes the subject of it keep it secret.

In a great many cases Mr. Lee has operated in the same way as he did upon the patients to which reference has been made; and his success has been not a little.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

The number opens with a "Lecture introductory to Clinical Teaching," delivered at St. Mary's Hospital, by Dr. Alderson. The lecturer refers to the discussions now proceeding in some quarters as to the best mode of teaching Medicine, and he expresses his opinion that the proposal to change the professorial system for the tutorial is both inexpedient and impracticable. He thinks that the present plan of seeing and examining the patients in the wards, and then hearing their cases explained in the clinical theatre, is the best that can be adopted, and that the explanation of symptoms and prognosis at the patient's bedside may be often indelicate and even cruel. He strongly recommends the students to attend to the post-mortem examinations, as a method of verifying or correcting their diagnosis during life, and as a guide to their future practice. He concludes his lecture by exhorting the students to cultivate gentlemanly habits and tastes, and a considerate regard for the feelings of the patients.——Dr. J. Marion Sims, in continuing his "Clinical Notes on Uterine Surgery," treats of the subject of "Uterine Polypi," the different forms of which he describes and figures. He

recommends the use of the scissors, and the application of the persulphate of iron for the removal of these growths, but entirely condemns the ligature. He speaks with great approbation of the use of the *écraseur* as devised by Chassaignac, and he prefers the original form of the instrument to those which have been subsequently devised. He recommends the *écraseur* for cases which are too formidable for the scissors or for torsion.——Mr. GEORGE LAWSON concludes his paper "On Sympathetic Ophthalmia;" and after describing the symptoms of the affection, he recommends the extirpation of the diseased or injured eye, if this should cause sympathetic inflammation in the other. Even if the injury in the unsound eye has not been sufficient to destroy sight, yet if it should cause sympathetic irritation in the other, the injured eye should be sacrificed. In the general treatment of sympathetic ophthalmia, absolute rest to the eyes is demanded, belladonna in some form should be employed, and in certain specified cases iridectomy is indicated; but in severe cases it is necessary to get away the lens, at the same time that the operation is performed for making the artificial pupil.——Mr. CHARLES J. MELLER, Surgeon-Naturalist in Medical Charge of Dr. Livingstone's Zambesi Expedition, contributes a paper "On the Fever of East Central Africa." He gives a very dreadful picture of this fever, which, although at first described as being mild, is really one of great severity and danger. He states, that although the mortality in the expedition was not great, yet the reason was, that whenever a case assumed an unfavourable aspect, the person was invalided or exchanged with all despatch. The type of fever was the remittent, true cases of intermittent rarely occurring, and the fever appeared both in the sthenic and the asthenic form. In the former, purgatives were employed with advantage, and afterwards quinia was introduced in as large doses as could be borne.——Mr. J. P. IRVINE contributes a paper "On the Action of the Extensor Minimi Digiti Muscle," which he describes as being twofold, owing to the splitting of its tendons, thus conferring the power of separate extension of the little finger, together with the extension common to the other fingers.——Dr. THEODORE JUNOD, of Paris, contributes a paper "On the Physiological Effects of the Derivation of Blood," the object being to describe the effects of a vacuum apparatus applied to one of the limbs of the human body.——Mr. H. MUNRO describes and figures a "Malformation in a New-born Child." The greater portion of the frontal and parts of the left parietal bones were wanting, leaving an opening through which the brain protruded, forcing the integuments upwards; and there were other deficiencies in the anatomical details of the child's body.

'MEDICAL TIMES AND GAZETTE.'

Mr. J. Z. LAURENCE contributes an original article "On the Optical Defects of the Eye." The focal length of concave lenses and the method of finding out the exact focal length are considered in the commencement of the paper: an explanation is next offered—the fact that parallel rays are focussed in front of the retina. The far point—*i.e.*, that point which, at the farthest distance the eye can behold any object, is seen critically distinctly—is said to be a definite distance from the eye and to be positive. The glasses suitable for myopic vision are described, and the means for ascertaining the exact number of the lens required are given in detail. The author gives an account of his optometer, and an accompanying woodcut. This differs from the instrument used by Gräfe for the same purpose, the latter consisting of a number of fine wires set in a frame; should the wires be seen singly and well-defined, vision is said to be accurate. The rationale of the action of concave glasses as corrigents to near sight is detailed; and at the close of the paper, the idea that myopia is dependent upon undue prominence of the cornea is controverted.——Mr. GRIFFIN, of Weymouth, describes a case of "Poisoning by Prussic Acid," and cites another case of death from the drinking of some cyanide of potassium in solution.——The Rev. Professor SAMUEL HAUGHTON, T.C.D., contributes an article entitled "On an Approximate Method of determining the Daily Excretion of Urea in Health and Disease." A table is given in which is shown an approximation to the daily excretion of urea in a number of cases where no sugar or albumen existed in the urine.——Mr. ELLIOTT PORTER records a case of "Induction of Labour by Dr. Barnes's Dilating Bags; Artificial Delivery; Successful Result." The patient had been pregnant three times before: the first child was born naturally; the second by means of the long forceps; the third it had been attempted to bring away by using the same instrument, but, on failure, delivery was at last effected by turning. In the present pregnancy, after dilatation of the os had been effected by the use of the bags, the child was extracted by the instrumentality of the long forceps. The child was born alive, and with its mother did well.

REVIEW OF BOOKS.

Practical Anatomy: a Manual of Dissections. By Christopher Heath, F.R.C.S., Assistant-Surgeon to, and Lecturer on Anatomy at, the Westminster Hospital. Pp. 539. London: Churchill and Sons. 1864.

Thanks to the lecturers and teachers of the present day, the study of anatomy has become far more easy than it was in the time of our ancestors, who were able to dissect the bodies of the dead only at rare intervals, and for whom few, if any, manuals of anatomy were in existence. Even in the early days of many of the present race of practitioners the written guides to dissection consisted only of bare description, without any attempt at illustration; but now, owing to the great improvements in engraving, these books appeal to the eye as well as the mind, and represent on almost every page the fac-simile of the parts exposed by the scalpel.

The 'Practical Anatomy' of Mr. Heath is exceedingly well calculated to fulfil the purpose for which it is evidently designed—namely, to act as a companion to the young dissector in his study of human anatomy. In systematic treatises the subjects are arranged in an artificial order, with a view to a classification of textures; but in a practical guide to the dissecting-room, the parts are described precisely as they appear as each tissue is exposed by the knife, and directions are given by which every region may be most conspicuously exhibited to the eye, and its component structures and their relations fixed upon the memory. In

the present instance, Mr. Heath begins with the arm, first describing the incisions to be made for the removal of the skin and the subcutaneous fascia, then the cutaneous vessels and nerves and the muscles in relation to them, and gradually passing to the deeper-seated textures. In all cases, the surgery of each region is carefully noted, and short directions are given for performing such operations as do not materially interfere with the dissection. The illustrations, which form a most important feature in such a work, are very numerous, and many of them are original; but the great majority are from the well-known manual of Mr. Erasmus Wilson, to whom Mr. Heath expresses his obligations; and there are also many from Hirschfeld and Leveillé, and other sources.

The young anatomist who has this manual as his dissecting companion cannot go wrong, for the descriptions are clear and concise, and the whole work has the great merit of brevity added to its other good qualities.

An Inquiry into the Relative Frequency, the Duration, and Cause of Diseases of the Skin, as deduced from the Observation of One Thousand Consecutive Cases. With Remarks on the Exanthematous Epidemic of the Spring of 1864. By Erasmus Wilson, F.R.S. Pp. 80. London: Churchill and Sons. 1864.

Skin Diseases: their Description, Pathology, Diagnosis, and Treatment. With a Copious Formulary. By Tilbury Fox, M.D., Senior Physician to St. John's Hospital for Skin Diseases. Pp. 315. London: Hardwicke. 1864.

Photographs (coloured from Life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B., Surgeon to the West London Dispensary for Diseases of the Skin. No. II. London: Churchill and Sons. 1864.

On the principle of *seniores priores*, the work of Mr. Wilson, although a small one of a pamphlet form, claims our first attention. It has for its object the determination of the relative frequency, the cause, and the duration of cutaneous diseases, so far as can be ascertained by the careful register of a given number of cases taken consecutively as they present themselves in daily practice. It does not pretend to ascertain the relative proportion borne by skin diseases to other maladies, nor their relative frequency throughout the whole population, for the field of observation is restricted by the exigencies of a special department of Medicine, and the patients belong only to the middle and upper classes of society, such as present themselves in private practice. Out of the thousand cases which are the subjects of the record, there occurred fifty-one different diseases, which we have not space to enumerate; but we may observe that the most frequent of all is eczema, numbering two hundred and ninety-eight of the thousand: and this is followed in the order of frequency by gutta rosacea, alphos (lepra), acne, alopecia, pityriasis, trichosis, scabies, lichen, calvities, syphiloderma, &c.; and the least frequent, numbering only one each, were—erysipelas, pemphigus, roseola, hordeolum, narcosis folliculorum, favus, verruca, atrophia cutis, morphœa, elephantiasis, bucnemia.

Among the remarkable features in this list is the comparatively great frequency of scabies, of which there were thirty-seven cases in the thousand, and, it must be remembered, all occurring in private practice. Mr. Wilson attributes this circumstance to the return of the army some years ago from the Crimea, since which event the disease has been introduced into a better class of society than it formerly attacked; and it is now not only common among the better ranks, but is much on the increase. Among the diseases of which only one occurred in the thousand, one is surprised to find erysipelas; but this disease prevails more at certain periods than at others, and is, moreover, too severe an affection to allow the patient to go out of doors. Some of the other rare diseases (at least, rare in Mr. Wilson's list) are some which are very uncommon in this country, as elephantiasis and bucnemia, and others, such as hordeolum and verruca, are too trifling to be brought to the house of a private practitioner.

Mr. Wilson adopts to a certain degree a classification of these skin diseases, but does not at present appear to attach much importance to the phytodermic affections, the theory of which he does not consider as yet to be sufficiently confirmed. The Appendix consists of some notes on the exanthematous epidemic of the spring of the present year, when, as it will be remembered, an eruption made its appearance presenting a mixed character of roseola, rubeola, and varioloid, and to which Dr. Babington gave the name of "rubeola notha." The affection was of a very mild character, and required very little treatment.

Dr. Tilbury Fox, who is already favourably known to the Profession by his contributions to dermatology, and whose work "On Skin Diseases of Parasitic Origin" is marked both by industry and originality, now makes his appearance as an author on skin diseases in general, and appropriately inscribes his book to Mr. Erasmus Wilson, to whom, as a distinguished authority in British Cutaneous Medicine, he confesses his literary obligations. The scope of Dr. Fox's present work being a rather wide one, his task is one of compression and condensation, and his own peculiar views on the classification of skin diseases and their treatment are obtruded as little as possible, his attempt being to furnish, in as compact a form as possible, a general view of the present state of our knowledge relating to skin diseases.

He commences with some general remarks upon cutaneous affections, their relative frequency, prognosis, diagnosis, and therapeutics; and in reference to the *vexata quæstio* of classification, he follows the system of Willan and Bateman, which he justly considers as being the best for teaching purposes, inasmuch as it is founded upon the appearance of certain elementary lesions which are readily understood—as maculæ, erythemata, papules, vesicles, blebs, pustules, squamæ, tubercles, and adventitious growths. But, although generally representing the characters of skin diseases, the system of Willan and Bateman has become untenable in its details, and various modifications have accordingly been made, which, while preserving the prominent distinctions of this famous system, are brought into harmony with recent views as to the causation of special forms. Dr. Fox, for instance, adds a distinct group under the name of parasitic affections, which he divides into—1, the vegetable or dermatophytic, as favus, tinea tonsurans, tinea decalvans (alopecia), plica Polonica, herpes circinatus, sycosis, chloasma, pityriasis versicolor, and the fungus foot of India (mycetoma); and 2, the animal or dermatozoic, as scabies, prurigo, and pruritus from pediculi, &c. We must just mention, however, that the existence of these phytodermic affections is not admitted by all authors to so great an extent as is argued by Dr. Fox.

It is quite impossible for us to follow Dr. Fox through his interesting volume, which is really, what he represents it to be, a general *résumé* of our knowledge of skin diseases. All that our space will allow us to observe is, that he appears to have carefully read and considered the observations of other authors, and to have used his materials with great judgment; while his own practical experience and original observations have elevated his book far above the level of a compilation, and will make it acceptable both to the student and the practitioner. As may be expected, the chapter on parasitic affections is full and interesting; and whatever may be the extent to which his views in this department are accepted, there can be no doubt that the study of the animal or vegetable organisms attacking or inhabiting the human skin will lead to improved notions in dermal pathology and therapeutics. A chapter on syphilodermata, or syphilitic eruptions, describes the peculiarities of these specific affections, their diagnosis, and treatment. The author is evidently no believer in the view that there is no such thing as syphilis, and therefore no necessity for specific treatment; nor does he join in the opinion of those who would banish mercury from the list of our therapeutic agents. On the contrary, he lays it down as a rule that, "in secondary syphilis, the remedy is *mercury*; in tertiary disease, *iodide of potassium*." He admits that some cases of secondary disease will get well without the use of mercury, and that the system may get rid of the poison by the exercise of patience and the use of tonics, but other cases assuredly will not yield to these means. He also combats the views of those who allege that mer-

cury produces symptoms analogous to those of syphilis, and maintains—"1. That all the secondary and tertiary symptoms, in their full force, may arise in those who have never taken a particle of mercury. 2. Patients recover much more speedily under the use of the drug than by any other plan of treatment. 3. It has been shown that those who are engaged in the use of mercury daily in their occupations—*e. g.*, gilders, &c.—enjoy special immunity from bad secondary or tertiary syphilis (Biett); and, 4. That these subjects do not suffer, in consequence of their occupation, in any special degree from symptoms which are usually held to be syphilitic" (p. 285).

Mr. Balmanno Squire, in his second photograph of the diseases of the skin, presents us with a representation of a case of impetigo figurata, the patient being a child, and the disease occupying its most common situation, the face. Whether the extraordinary excellence of Mr. Squire's first photograph of a case of psoriasis has made us fastidious or not, we cannot determine, but the second photograph, although excellent, does not appear so life-like as its predecessor. Still, it is immeasurably superior to the ordinary coloured representations of this class of diseases; and the attempt to delineate them by photography seems to promise the happiest results. As in the former case, the photograph is accompanied with a history of the case itself, and a general description of Impetigo with its varieties.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, Oct. 18th, 1864.

Mr. Prescott Hewett, President.

The President congratulated the Society on the successful volume which had been issued by the Society, and announced that an index to the first fifteen volumes of the Society's 'Transactions' had been prepared, and was now in the press.

Mr. Balmanno Squire exhibited a coloured photograph of Psoriasis Diffusa and of Impetigo of the Face. He dwelt on the fact, that in the first case the disease was cured by local treatment, and that in the second the patient used salt-water baths both in the sea and at home with great benefit.

Dr. Murchison showed specimens of

ULCERS OF THE INTESTINE AT A VERY EARLY STAGE OF TYPHOID FEVER,

where the deposit was only just breaking down into ulceration, the disease proving fatal on the tenth day; and another, where the disease was very extensive, and death occurred on the twenty-fifth day. In another specimen the fever was typhus, but complicated with diarrhœa. Here the intestine was quite free from ulceration. The character of the fever was shown by the rash, and the case proved fatal on the eighteenth day. In a fourth specimen, where death occurred on the sixth day, there was distinct ulceration on the ileo-cæcal valve and deposit in Peyer's patches. The patient was a child, aged six years, and the mother also suffered from typhoid fever.

Dr. Bristowe remarked that in the late epidemic many cases of typhus at St. Thomas's were complicated with diarrhœa, but none presented the characteristic eruption. He attributed the diarrhœa to the exhibition of tartrate of potash.

Dr. Peacock had met with cases of typhus complicated with diarrhœa, in which tartrate of potash or purgatives had been administered. In all these cases no ulceration of the bowels was found.

Mr. H. Smith showed a specimen of

CANCER OF THE THYROID GLAND,

causing pressure on the trachea. The patient (aged forty-three) had suffered from difficulty in breathing for some months, but had been in no danger till a few days before admission into hospital, when he had some severe fits of dyspnœa. He had a severe fit soon after admission, which passed over in a few minutes. Mr. Smith directed that if possible a laryngoscopic examination should be made. This revealed that the parts above the glottis were healthy. About five hours after admission tracheotomy became necessary. After superficial incision, a hard mass was reached, through which it was impossible to cut. The incision was prolonged upwards, and the larynx opened. The man had ceased to breathe, but a catheter was passed through the wound in the larynx, and the lungs inflated. The man, however, did not revive. The whole of the isthmus and front of the thyroid was occupied by a mass of cancer pressing the trachea towards the right side, and causing great pressure on its left wall. The incision into the windpipe was above the seat of obstruction, but there was no means of diagnosing the latter. Mr. Smith dwelt upon the impossibility in some cases of diagnosing the seat of obstruction, and on the propriety in all cases of tracheotomy of going to the operation provided with an elastic catheter, which could always be passed beyond the obstruction.

Some members doubted the cancerous nature of the disease, and the specimen was referred for examination to Dr. Harley and Dr. Murchison.

Dr. Harley exhibited a

SERIES OF GALLSTONES.

The first point he dwelt on was, that the danger was not in proportion to the size of the stone. He showed a very small stone which had set up fatal peritonitis. A second point was, that sometimes excruciating pain was produced by the passage of a very small stone which could not be discovered, and which ought rather to be called a small collection of inspissated bile. He referred to a case in which very numerous attacks had taken place, but no stone was ever found. After death, a collection of very small calculi was found in the gall-bladder.

Dr. Harley also showed a

SERIES OF BLOOD-CRYSTALS.

He dwelt on the different opinions which prevailed on the subject of blood-crystals, and on the confusion of names so produced. Dr. Harley believed that there are three different forms of crystals. The first is that produced by chemical reaction on the blood. Glacial acetic acid being applied to dry blood, of any animal, and a little common salt added, a certain definite crystal of invariable size is produced—Teichmann's crystals, or hæmin. The second kind is that met with in old clots (apoplectic, &c.), which are also definite in size and shape; broader in shape and lighter in colour than the hæmin-crystals, almost rhomboid—hæmatoidin-crystals of Virchow. The third form is found in healthy blood, as the splenic, when crystallised. These crystals can be obtained also by shaking up healthy blood with ether. They are very much larger; may be in groups like spicula; and may be either colourless or coloured. These, Dr. Harley thought, were better termed hæmatin.

Dr. Wilks called the attention of the Society to the time required for the formation of the second form of crystals in clots. He had found them in apoplectic clots of more than a fortnight's standing, but not earlier.

Dr. Harley said that this was also his experience.

Dr. Sanderson stated that he had made experiments on this subject, published in the 'Edinburgh Medical Journal' for 1851, showing such crystals formed in clots experimentally produced in animals in about three days. The phenomena of corpora lutea also supported this opinion.

Dr. Crisp showed the Stomach of a Patient poisoned by Butter of Antimony, with a cast of the stomach taken soon after death. Three ounces of the poison had been taken, and about two-thirds of it was found adhering to the interior of the stomach, which was very black, and the mucous membrane sloughy. The prominent symptoms were thirst, pain, vomiting after ten hours, and diarrhœa shortly beford death.

Dr. Crisp also showed the Lung from a species of Antelope occupied by a very copious deposit of tubercle.

Mr. Cayley showed a very large Liver affected with Amyloid Degeneration. A large globular projection from

the surface caused at one time a suspicion of hydatids. The spleen and kidneys were also in a state of amyloid degeneration.

OBSTETRICAL SOCIETY OF LONDON.

October 5th, 1864.

Dr. Oldham, President, in the Chair.

The following gentlemen were elected Fellows:—Dr. M. Bright; J. S. Gaunt, Esq.; Dr. Hoffmeister; J. H. Salter, Esq.

CÆSAREAN SECTION.

A case of Cæsarean section, which occurred in 1863, from the papers of the late T. E. Bryant, Esq., was read. The patient was four feet seven inches in height, and rachitic; the antero-posterior diameter of the pelvis was two inches and a quarter in the dry state, and the transverse diameter four inches. The operation was accomplished without difficulty; but the mother died about thirty-six hours afterwards, of low peritonitis. The child lived some weeks, when it died of erysipelas.

Dr. Greenhalgh said he was deeply interested in the Cæsarean operation, of which he had had some experience, having performed it four times; having been present in three cases where other practitioners had operated; and having recently, through the kindness of Dr. Winckel of Gummersbach, examined three women who had been the subjects of this proceeding. He expressed a conviction that in difficult cases of craniotomy, which were necessarily fatal to the children and too often to the mothers, the lives of most of the former would be spared, and the latter would stand equally as good a chance, by the timely performance of the Cæsarean section; in proof of which he detailed the case of a poor woman upon whom he had operated, who was reduced to such an extreme degree of debility by mollities ossium that those present considered it impossible that she could survive the operation; notwithstanding, she lived three weeks afterwards, and then died from rupture of the transverse colon, owing to the distortion occasioning occlusion of the rectum. The child was born alive, and continued to live. Dr. Greenhalgh strongly urged the early performance of the operation, before the membranes were ruptured or the mother exhausted. He considered that the incisions should be made in the linea alba, and as nearly as possible through the centre of the body, and not through the neck, of the uterus, in which, although he admitted there were fewer large vessels, yet there was far less contractile power, and consequently a greater liability to hæmorrhage, as happened in one case which he witnessed. He recommended that the abdominal and uterine wounds should be held together by the fingers of an assistant placed within the extremities of the incisions; that, immediately after the extraction of the fœtus and secundines, the finger should be passed from within through the neck of the uterus into the vagina, so as to secure a free exit for the discharges; that the uterus should be firmly grasped by the hand, so as to obtain its firm contraction; and when all fear of hæmorrhage had passed, that the abdominal would be brought together by the interrupted suture, and still further secured by broad strips of adhesive plaster. As a rule, he administered no medicine, but met each symptom by its appropriate remedy. He mentioned one extraordinary case where the patient was up and about five days after the operation; she was, however, the subject of an enormous umbilical hernia.

Dr. Barnes observed that summaries of most of Dr. Winckel's cases would be found in the 'British and Foreign Medico-Chirurgical Review.'

Dr. Playfair said that in the only case of Cæsarean section which he had witnessed, a difficulty was met with which he had not seen alluded to in descriptions of the operation, and which certainly had not occurred in the case under discussion, nor apparently in any of those described by Dr. Greenhalgh. In the case in question the uterus was opened near the fundus, and although no time was lost in removing the child, still the uterine parietes contracted with such rapidity and force that the head was caught in the incision, and some difficulty occurred in extracting it and the placenta. This was doubtless a fault on the right side, as it diminished the risk of hæmorrhage; but still it would be well to know how to avoid inconvenience from it. He had thought this might be done by commencing the incision near the lower part of the uterus, instead of at the fundus, when the head might be extracted first. The case to which he alluded also showed the risk of delay before operation. The patient was a healthy woman who might have done well, but she was allowed to remain so many days in labour before further advice was sought, that when seen the vagina was found in a state of slough.

Dr. Oldham recommended the incision to be made towards the lower part of the uterus.

Dr. Eastlake showed an Obstetric Binder, for immediate use after parturition, which he had constructed, and which had been made by Mr. Salmon, of Wigmore street. It was intended to supersede those which lace up like stays. The binder was very simple in its arrangement. It consisted of two parts, which were fastened in front with the greatest ease in less than a minute by means of four lappets with hooks and eyes. It had also a tail bandage which fastened before and behind, and was able to support the diaper and keep the binder in its place. Dr. Eastlake had tried it several times with great satisfaction. The price was from five shillings.

A description of a "Case of Deformed Arms" was read, from Dr. Shortt, accompanied by photographs.

Dr. Wynn Williams then read a paper on

MISSED LABOUR.

The author alluded to the little notice the subject had received hitherto, and thought the Profession indebted to Dr. M'Clintock for his collection of cases. He wished, however, that some more practical rules were laid down. He then detailed two cases which he considered were of this class. He ventured to suggest that, as soon as attention was called to a case, the accoucheur should, after satisfying himself of the escape of the liquor amnii, the death of the fœtus, and dilatability of the os, proceed (after allowing a reasonable delay, and after employing the recognised means adopted to cause contraction of the uterus) to turn and deliver.

Dr. Barnes said there was a perfectly ready and safe way of dilating the cervix should the case require it. Should the cervix be rigid, besides the dilators, he would use incisions, which plan he had employed in a case he detailed.

Dr. Greenhalgh did not consider that Dr. Williams' cases could be placed under the head of missed labour, and asked the President, who was the first to use the expression, what he considered the correct definition of the term. He (Dr. Greenhalgh) had never met with a case of missed labour.

Dr. Oldham said that he had used the term as the most appropriate he could find. It was a case in which the time of natural labour passed by without any pains, and the child was not expelled.

Dr. Braxton Hicks thought it highly important to be certain that the full term had really expired, as it was very difficult to say whether it had been reached in any case before a month at least had elapsed. In the cases recited, he thought that probably, although the children were dead, they would in due time have been expelled by natural efforts.

Further discussion arose, in which Dr. Fox, Dr. Eastlake, and Mr. Owen joined, and to which Dr. Williams replied.

Mr. Gant then gave a careful dissection of the pregnant uterus in a person who had died from "accidental hæmorrhage."

Infection Wards.—Two commodious infection wards have been erected by the Alnwick Board of Guardians detached from the workhouse and the infirmary.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 26, 1864.

THE OPENING OF THE MEDICAL SOCIETIES.

Next in importance to the opening of the Metropolitan Medical Schools is the commencement of the different Medical Societies for their annual session. At the former, a crowd of youthful aspirants flock together to gain the knowledge which is the foundation of their professional career; at the latter, the fully-developed practitioners come for the mutual purpose of giving and receiving information. The Medical Schools and the Medical Societies are each in their way essential instruments for the diffusion of knowledge, and may be considered as the complements of one another. In the Medical Schools the professors and Medical officers inculcate the doctrines which have received the stamp of authority and the ratification of experience; at the Medical Societies, new views or theories are proposed, old ones are revived, established precepts are perhaps called in question, and all are subjected to the keen scrutiny of personal investigation and discussion. The Societies also afford both a happy and convenient medium for the record of passing facts, which might otherwise be forgotten amidst the avocations of practice, and a pleasant means of union and brotherhood among persons engaged in the same pursuits, but following them in somewhat different localities. Besides all these advantages, the facilities offered by the press enable the distant practitioner to have all the newest information conveyed to his doors with as much exactness as if he himself were present at each meeting; and thus the facts or opinions expressed at each Medical Society are wafted, more quickly than the winds, to every locality in Great Britain, and to every district of the civilized world where Medicine is cultivated and esteemed.

The weeks just past have been distinguished by the opening of some of the Medical Societies, and the others will very soon follow in the train, until all are in a state of sessional activity. Not only have the Obstetrical, the Medical, the Pathological, the Hunterian, and the Harveian begun their proceedings for the season, but several of the minor societies established among the students of some hospitals have shown the usual symptoms of revival, by the reading of papers and the establishment of discussions. We cannot too strongly commend the institution and the encouragement of student-societies, which create among the members a healthy interest in the progress of the art they are studying, and afford them an opportunity of exercising their faculties in reading and speaking which may in after years prove to them of essential service. As one of the lecturers this year said in his introductory lecture, every student should endeavour to acquire the habit of speaking among his fellows; and even although his earlier trials should be unsuccessful, this failure ought not to dishearten him from future attempts; for courage will increase with every successive effort, until he finds that he is not only heard, but understood by those whom he addresses. Just as the raw speeches made by the schoolboy at Eton and Harrow may contain the germ of noble eloquence destined to astonish, to awe, or to persuade the members of the British Legislature, so may the crude and awkward sentences uttered at the discussion of some Medical School Society be afterwards ripened into original theories, or novel modes of practice in the Profession of Medicine.

Some of the Medical Societies retain their former *prestige*, and flourish in spite of change; some have passed away, or have amalgamated with others; and many new ones have sprung up, either to supply the wants of some particular locality, or to satisfy the claims of some important speciality, which has outgrown the space allotted to it in a society devoted to general subjects. At the head of those which are still vigorous notwithstanding their age, stands the Royal Medical and Chirurgical Society, which remains firmly fixed in the soil, like some patriarchal oak, although many of its branches have been lopped off to vegetate elsewhere. That the subdivision of subjects, and the pursuit of specialities, has in some measure impaired the interest which was formerly attached to this Society, may, perhaps, be admitted, but still its noble and almost unequalled library, and the imposing roll of its Fellows, and its annual publication of proceedings, maintain its pre-eminence among the Medical Societies of Great Britain. We may, however, not inappropriately glance at some of its offshoots, which are now pursuing an independent existence, and some of which are actually living and prospering beneath its own protecting shade.

The Pathological Society of London, holding its meetings in the rooms of the Medico-Chirurgical, is now supplying a want which must have been long felt by the Medical practitioners of this country. The societies previously existing had offered abundant scope for the ventilation of theories and the discussion of modes of practice, but an association remained to be established in which facts alone should be brought forward, in which the eye and the touch should appreciate morbid change, and in which mere verbal display should be reduced to its minimum. It is true that this realistic view of pathology is not without its drawbacks for pathological science does not consist alone of the revelations afforded by morbid anatomy, nor does the exhibition of damaged structures necessarily explain the vital processes which have led to their degeneration, decay, or change. Still, when considered in the light in which the Society was viewed by its founders, it must be considered as having proved eminently successful; and the number of specimens exhibited, the history with which each has been accompanied, and the short but pithy remarks they have called forth, have testified alike to the zeal of the members, their diligence in recording facts, and their wholesome abstinence from drawing rash and hasty conclusions. The annual volume published by this Society is also most creditable to its compilers, is a rich epitome of visible pathological changes, and is in itself worth the outlay of the annual subscription.

The Epidemiological Society may be regarded in its

objects as almost the reverse of the Pathological, for, whereas the latter deals only with the visible and the tangible forms of disease, as developed in morbid structures, the former endeavours to catch the invisible and the intangible vapours or miasmata which lurk in the atmosphere or float in the streams, and generate endemic, contagious, or epidemic maladies. The Epidemiological Society, in fact, seeks to discover the first links in the chain of morbid causation, and the Pathological exhibits the last. Difficult as the task may be to determine the laws which regulate the spread of disease or arrest its progress, much has been accomplished in this direction; and the Epidemiological Society has already done good service in bringing under the notice of the Legislature and the public the necessity of adopting sanitary laws, by which the elements of morbid action may be divested of their deadly energy. It is true that the warning voice has too often been addressed to deaf or unwilling ears, but still some progress has been made, and much more may be anticipated.

The Obstetrical, although the youngest, is one of the most flourishing and prosperous of the Metropolitan Medical Societies. The subjects with which it deals are those that are familiar to the great mass of Medical practitioners; and this circumstance, in connexion with the very interesting discussions which often arise at the meetings, may sufficiently account for the great interest taken in the proceedings. The annual volume published by this Society is also most highly creditable to the zeal and industry of the members; and an obstetrical library, now in course of formation, is likely to supply a want often felt in this particular.

With these preliminary remarks, we welcome the opening of the Metropolitan Medical Societies for the Session of 1864-5; and the best wish we can offer to each of them is, that their future sessions may be as prosperous and as fertile in the diffusion of useful information as those which have preceded them.

SUMMARY OF THE WEEK.

A CASE OF DEATH UNDER MYSTERIOUS CIRCUMSTANCES.

A very extraordinary case of death, resulting apparently from violence, is now forming the subject of investigation before a coroner's jury at the Westminster Hospital. It would be obviously improper in us to make any remarks upon the case at present, and we therefore offer only a sketch of the main facts and of the medical evidence, which is very conflicting:—The case had been adjourned by the Coroner in order to see whether the publication of the facts, so far as ascertained, might not lead to the discovery of additional evidence. On the afternoon of the 30th of September the deceased man parted in Piccadilly from a man in the same employ, to go home across the Green Park. It was then four o'clock. He was then sober, but complained that he was "queer" from the effect of blowing down gas-pipes. At twenty minutes to five o'clock he was found by a police-officer lying on the grass in the park. He rose as the officer approached, but fell heavily, and appeared to be at the point of death. He was therefore carried to St. George's Hospital, where the surgeons considered him to be insensible from drink, and upon his recovering a little he was taken away to the police-station, and locked up, as he could not give his address. The next morning he was bailed out and taken by his friends—one of whom remarked, "There has been foul play here"—to Westminster Hospital, where he was stripped and examined. Several bruises, apparently from kicks and blows, were found on his head, face, hands, arms, abdomen, back, and chest, while the skin had been knocked or kicked from his legs in some places. His skull was fractured, and a sinus was ruptured. He died on the following Wednesday. The inexplicable part of the case was, that the surgeons of St. George's Hospital stated that they saw no injuries on the deceased's head or hands (they did not examine his body) when he was brought in by the police. A witness, however, said that he noticed a bruise on the head, and it was stated that it was very dark in the hospital. The surgeons of that hospital suggested that the injuries might have been self-inflicted, by falls over furniture, &c., at the police-station. This the police denied, and the inspectors went further, and said that the deceased appeared to have no injuries when he was bailed out on the Saturday morning. The jury, last Friday, inspected the cell in question. It was a small room 10 ft. long by 6 ft. wide. A fixed bench 2 ft. in width ran round two sides of it in such a manner as to render the space of the floor available for walking or falling violently upon very small indeed. All the edges of the bench were planed off, and there was hardly an angle in the cell upon which a person could fall so as to hurt himself. The floor was asphalted and covered thickly with sawdust. It was remarked by a juror that if a man desired to commit suicide by dashing himself about in such a cell he could not possibly do so. The following is a part of the medical evidence of the house-surgeons of St. George's Hospital and of the Westminster Hospital. It should be stated that the only evidence of injury inflicted during life was that given by a Mr. Matthews, who saw the deceased fall down heavily in the Green Park before he was taken to St. George's Hospital.

"Mr. Jones, medical officer of St. George's Hospital, recalled, said that he had seen the police-cell. It was in a better state than he expected to find it. He would say that it was possible that the deceased might have received the injuries in the cell, but it was not probable. He had examined the deceased when he was brought into the hospital on the Friday night, and saw no bruises. There was ample light, and at a subsequent period the gas was alight. He was still of opinion that there was no lesion of the brain when deceased was brought in. The eyes were sensitive to light. The skull might have received the fracture from the fall mentioned, but the rupture of the sinus was an enormous one, and that could not have taken place or the blood have issued from it at that time. He did live afterwards for five days with the rupture, but he was then wholly unconscious. He had heard Cazely's statement as to the effects of gas, but in that case and in others known to witness insensibility took place at the instant. [It had been suggested that the man fell down stupefied from the effects of gas. He was a gas-inspector.] The deceased remained conscious for a long time. The witness treated deceased for intoxication, but did not use the stomach pump. He could not say whether the fall was or was not the cause of death.

Mr. St. Anbyn Hawken, house-surgeon to the Westminster Hospital, said that the fall spoken of was one that might have produced a fracture of the skull, but he was led to suppose that it did not on account of the peculiar spot from which the deceased's fracture commenced. It began midway between the occipital protuberance and the ear—that was to say, in a hollow; if the fall on the back of the head had done the mischief, the fracture would have been produced elsewhere. No blow struck on any other part of the head would produce a fracture in the spot mentioned. There were fourteen distinct and separate bruises on the

head externally—three on the forehead, seven on the top of the head, and four at the back of the head, one of the latter being behind the left ear. All had been inflicted within a few hours of the time of witness's first seeing him. He could not tell the exact number of hours, but the bruises were just getting dark in colour. The blow behind the ear had produced the fracture of the skull and the rupture of the sinus; but the clot of blood could not have formed on the brain when Mr. Jones saw the deceased, or he must have noticed the symptoms. Consequently, witness was led to believe that the rupture of the sinus was only completed after reaction had set in. The deceased had experienced reaction before leaving St. George's, for he partly roused himself up, and witness believed that if the fissure of the skull then existed the blood would instantly have flowed from the rupture, which was not the case. It was utterly impossible that the deceased could have inflicted the injuries on himself in the police-station. Falling down the flight of steps into the park could not have produced the injuries on the deceased.

Mr. Freeman, house-surgeon at St. George's Hospital, said that he examined the deceased when he was brought in from the Green Park, and there were no bruises or grazing on his head. He agreed entirely with Mr. Hawken as to the time at which the rupture of the sinus must have occurred.

Mr. Matthews, recalled, said that in the park he noticed a bruise and also a graze on deceased's forehead and head.

Mr. Freeman said that he could state positively that there were none that he could find. If there were as many as stated by Mr. Hawken, he must have seen them. His impression was that deceased was suffering from the effects of intoxication.

The Coroner said that the case was far from being cleared up. The medical evidence especially had rendered it impossible to arrive at any conclusion, and he should therefore adjourn for further evidence."

LUNACY.—SINGLE PATIENTS.

We think it right, in the interests of the Profession, and to prevent any misunderstanding which may hereafter arise on the subject, to reprint the substance of an announcement emanating from the Commissioners in Lunacy, and inserted last week in our advertising columns, in reference to the duties and responsibilities of Medical men taking single lunatic patients :—

"19 Whitehall place, October 10, 1864.

"The Commissioners in Lunacy having reason to believe that many persons of unsound mind are illegally received or taken charge of, and that the law relating to insane persons not in asylums or licensed houses, but under individual care as 'Single Patients,' is extensively violated, desire to draw the attention of medical practitioners and others to the provisions of the 8th and 9th Victoria, cap. 100, sec. 90, as amended by the 8th section of 16 and 17 Victoria, cap. 96.

"By these enactments no person (unless he derives no profit from the charge or be a committee appointed by the Lord Chancellor) can receive one patient in any unlicensed house; neither can any person take care or charge of any one patient as a lunatic or alleged lunatic without the same form of order and medical certificates as are required upon the admission of a patient into a licensed house, copies of which are to be sent to the Commissioners in Lunacy, together with other particulars, which are fully stated in printed instructions to be obtained on application at the office of the Commissioners, 19 Whitehall place.

"By the first-mentioned Act every person neglecting to comply with the requirements of the Statute is liable to prosecution for a misdemeanour.

"By the interpretation clause the word 'lunatic' is declared to mean 'Every insane person, and every person being an idiot or lunatic, or of unsound mind.'

"According to the law as laid down by the Judges of the Superior Courts, the provisions and penalties of the Act apply to all cases of insane persons taken or retained under care or charge in unlicensed houses, whether or not they were of unsound mind when first received.

"The Commissioners will feel it their duty, in cases of violation of the law hereafter brought under their notice, to proceed by indictment against the offending parties."

APPREHENSION OF ONE OF THE "MANLY VIGOUR" CREW.

On Saturday, a charge of conspiracy, with intent to extort money by threats, was preferred against two persons named Alfred Field Henery, *alias* Wray, and William Anderson, *alias* Wilson, and the case was heard at the Marylebone Police-court. The prosecutor was an officer of the army, and appeared to give evidence. The following statement by the counsel for the prosecution will give some idea of the nature of the case. He said :—

"I will give just sufficient evidence to justify a remand as against the present defendants. My client, some time in August last year, was suffering from disease, and, unfortunately for him, he saw one of the advertisements of the so-called Dr. Henery. This person not only puts forward these advertisements, but sends books about, some headed 'Manly Vigour Given' and 'Youthful Indiscretion,' besides others. We now hear that this man's real name is Wray, and it appears his practice is to send these books to be distributed by post all over the country. My client saw one of these Henery advertisements, and he foolishly consulted him. He received various bottles of medicine, for which he paid 1*l.* 1s. each, but he received no benefit, and the medicine was then analysed by the family physician and found to be no more than pure water with a little colouring in it. The counsel then stated that other claims had been made upon his client, with threats of exposure, and that they had proved so far successful. He thought that nothing was worse than that persons of the prisoner's class should obtain the mastery of young men, and he expressed a hope that a stop would be put to the system for the benefit of the public at large."

As Henery did not appear to the summons, a warrant was issued for his apprehension; and eventually both he and the other defendant were remanded for further examination, very heavy bail being required from both of them. Henery was captured in bed, and at first pretended that he was too ill to attend the court.

GENERAL CORRESPONDENCE.

"THE MEDICAL ACT."

To the Editor of the Medical Circular.

Sir,—Your generous expressions are very gratifying; but as false reports in some of the papers tend to impose on the poorer classes of society, I venture to request the admission of the accompanying letter, with this explanation, into your columns.

The reports from the commencement are very malignant and tend to evince a total disregard for the *true character* of the Press, which has been endangered.

As long as any portion of the public press is reduced to a marketable commodity, villany will be predominant, and intrigues be supported.

I purpose correcting the various reports for publicity, which you shall have in due course; but in the meantime allow me to assure you that "I do not select my cases," as you have it, and am fully prepared at any time with any explanation which may be required of me, although I am not necessarily obliged to expose my private instructions.

I am, &c., William Talley.

Beaconsfield, Bucks,
17th Oct., 1864.

THE "ANATOMICAL" MUSEUM.

To the Editor of the Standard.

Sir,—You have made it appear evident that I said there were not fewer than 40,000 representations in the Anatomical Museum. You mean misrepresentations.

Now, I beg leave to contradict the assertion, and to substitute my own language—viz., "That I had gone through Kahn's, *alias* Marston's Museum, with a duly-qualified medical practitioner, and that the cashier, with the books, had represented to us that I could see 'Dr.' Kahn by appointment, which it was necessary to make, inasmuch as he (Dr. Kahn) had the largest business in England, and that he had at least 40,000 patients," who may be partly made up by his representations.

My application to Mr. Tyrwhitt was *for the case—Re* Bearnard—which he promised, and to which I consider myself entitled, and must, with due deference to his worship, respectfully claim, unless his judgment be maintained. I hope I am the last to make any unnecessary display, or tamper with Justice even for a defence.

I am, &c., William Talley.

12th October, 1864.

To the Editor of the Medical Circular.

Sir,—I have observed lately, in several of the newspapers, that a Mr. Talley, a solicitor at Beaconsfield, and a Mr. Bowen May, of London, have at different times been empowered by the "*Medical Council*" to institute legal proceedings against unlicensed practitioners. Now, as I cannot for a moment believe the correctness of this statement, I will feel much obliged if you or any of your correspondents can inform me who authorized these parties to prosecute; whether it was in reality the "*Medical Council*," or whether they have done so speculatively on their own responsibility?

For my own part, I think all such prosecutions ought to be *duly authorized by the Executive* of our Profession, and conducted by men of high standing, great knowledge, and with due command of temper. The recent prosecutions have done quackery much good, and legitimate practice much harm.

I am, &c., An Old Surgeon.

Middlesex, 20th Oct., 1864.

[Mr. Bowen May is not empowered by the Medical Council to institute legal proceedings against unlicensed practitioners. That gentleman was at one time solicitor to the Medical Protection Society, but he resigned the office some years ago. We do not know who instructs Mr. Talley. —Ed. Med. Circular.]

HIPPOPHAGY.

Horseflesh-eating is no great novelty in the world. In Tartary, horseflesh, well-seasoned by a process of maceration under the saddle of the wandering horseman, is the staple food of a numerous population. During the siege of Dantzig in 1814, all the horses of the French cavalry shut up in the place supplied the most relished dishes at the mess of the officers, while common soldiers were happy to add to their meagre fare a stray dog caught in the bombarded streets at the point of the bayonet. But Tartars are only a half-civilized race, and a French army in Dantzig was more than half starved by the heroic obstinacy of General Rapp, their commander. We cannot any more afford the example of the lowest order of *restaurants* in Paris, where horseflesh is an object of no trivial consumption, because the unsuspecting guests are left in the dark about the nature of the meat served before them at such exceedingly low prices. German theorists, who generally are no great economists, endeavoured some years ago to introduce horseflesh among the items of fashionable diet, but they utterly failed. The attempt was lately renewed in Lyons, not on fashionable, but on economic grounds. The hippophagic banquet was preceded by a circular note, in which it was stated that the use of horseflesh as common food would be an immense boon in a sanitary as well as economic point of view; and that by adopting it, France, according to the hippophagists, would see added to her alimentary resources more than eighty million pounds of meat as good as beef, healthier than pork, and three times cheaper than ordinary meat. Therefore, the members of the scientific congress, medical men, *gourmands* by profession, according to Brillat Savarin, were invited to come and partake of all the dainties prepared from horseflesh by the world-renowned cooks of the good city of Lyons.

Of course the banquet took place, and so far was attended with considerable success. Nevertheless, horseflesh-eating has no chance to come into fashion, for the simple reason that horseflesh is much inferior to beef, and would fetch but a considerably lower marketable price; while the value of the horse is, all things considered, from four to eight times higher than that of the bullock. In Paris, where 11,000 horses are annually slaughtered, more than 8,000 are brought to the slaughter-house on account of infectious diseases; their flesh, therefore, cannot be applied to gastronomic purposes. The 3,000 remaining are only old jades, which can supply no proper or healthy food for human beings.

The total number of horses in France, according to a statistical document of 1850, was 2,983,966. About 400,000 may be reckoned as dying annually, and of this number 300,000 are slaughtered on account of farcy or glanders. In 1855 the French army lost 3,705 horses, from which no less than 1,544 were slaughtered as being tainted with the awful diseases mentioned. Thus the flesh of the 100,000 horses not infected might, perhaps, be brought into consumption, but that would not afford more than thirty million pounds of bad and inferior meat, while the consumption of Paris is above 140 million pounds annually.

Some years ago a well-known doctor of medicine with hippophagic taste and illusions, asked permission to establish in Paris four slaughter-houses, where horseflesh should be openly and exclusively supplied to the public. The authorisation was readily granted, but the four slaughter-houses were never established. That is easily accounted for. The establishment being open to public inspection, nothing but proper animals would have been slaughtered and delivered for cooking purposes. But young and fat and healthy horses are by far too valuable for the object intended. Each pound of meat, although much inferior to beef, would have to be sold at almost twice the price of the latter to make the concern pay.

Hippophagists, therefore, in spite of their rather unnatural cravings, are condemned to go on faring on ox-flesh upon economical grounds.

LEGAL INTELLIGENCE.

UXBRIDGE PETTY SESSIONS.

THE NEW MEDICAL ACT.

Mr. William Talley, solicitor, of Beaconsfield, applied for a summons under the fortieth section of the Medical Act, which imposes a fine of 20*l.* on any person who should pretend to be a medical practitioner of any description, against a man who called himself Dr. de Roos, but who was, he understood, a French pork butcher. He made this application in consequence of an advertisement which appeared in a local newspaper, in common with a vast number of cheap publications, in which he styled himself "Dr. W. de Roos, M.D., M.R.C.S., L.A.C., &c., of the Ecole de Medicine, Paris, Graduate in Medicine, Surgery, and Midwifery." There was also, in another part of the same paper, an advertisement which was still more calculated to mislead the public. "Fifty Pounds Reward" was there offered, because "the world-wide fame of Dr. de Roos' name had often tempted the unscrupulous to assume the doctor's name and title;" the advertisement was signed, "W. de Roos, M.D., 25 Bedford place, Bloomsbury square, London."

The Chairman asked Mr. Talley if the doctor ever came to Uxbridge.

Mr. Talley said he had never had the pleasure of meeting the doctor himself in Uxbridge, but he believed he had an agent here and corresponded with parties in the town.

The Bench granted the application.

PARISIAN MEDICAL NEWS.

Cure of Vesico-Vaginal Fistula.

Society of Surgery.—M. Duboue, of Pau, related several cases illustrative of the advantages of a new autoplastic procedure for the cure of vesico-vaginal fistula.

This plan, in which a considerable amount of the tissues sacrificed by American surgeons is preserved, consists in severing from each other the mucous surfaces of the opposite lips of the fistula on each side, or at the anterior and posterior margin of the aperture, and uniting the bleeding surfaces by means of a peculiar kind of quilled suture.

In order to secure perfect apposition, the author uses small semi-ovoid discs perforated with two holes, through which the wires are inserted and twisted two and two, or three and three together on each side, according to the number of the discs. The ligatures can thus be tightened at will without any danger of mortification from too considerable pressure, and the suture can remain a fortnight at least undisturbed, and is generally left *in situ* eighteen or twenty days.

In one of the cases brought forward by M. Duboue, the protracted sojourn of the sutures in the tissues was from peculiar circumstances undesirable, although necessary to insure cicatrisation, and he was enabled to remove the wires after four weeks only, and no untoward complication arose from the fact.

Three women were operated on in this manner; in two a perfect cure has been effected, and the third has derived considerable benefit from the procedure. In one of the patients who recovered, the American method had been three times before resorted to without success.

In the debate which followed, M. Démarquay observed that usually M. Jobert's name was most unjustly omitted in discussions on this subject. "It should not, however," said he, "be forgotten that, previously to that surgeon's researches, the cure of these fistulæ was entrusted to the unaided and generally ineffectual efforts of Nature; and that the Profession is indebted to the efforts, perseverance, and ingenious resources of that eminent surgeon for a methodical and scientific plan of treatment of vesico-vaginal fistula."

Wire Sutures.

The debate then turned on the question of wire sutures in general.

M. Giraldès declared that for two years he had always used metallic sutures for the treatment of hare-lip at all ages, and that he was in the habit of leaving the wires *in situ* until perfect union was effected. He remarked that this system enabled him to avoid ulceration, which often follows the use of pins and of the twisted suture.

M. Richet had tested the comparative merits of silk thread and metallic wires in urethral fistula, and observed that the latter were more liable to cut the tissues through which they were inserted.

M. Velpeau remarked that no general rule could be laid down on the subject; the modern mode of suture may possibly be preferable in the young, but, for his part, the learned Professor had not thought it expedient to adopt any innovation with regard to hare-lip. "I have long," said he, "been in the habit of using the twisted suture, and after twenty-four hours I remove one needle, a second after two days; and although I leave the third and last needle in the wound five or six days, I seldom have observed any ulceration of the lip. I should say, however, that in my opinion the chances of ulceration are decreased by an early withdrawal of the sutures. As to the union of thin flaps such as those of vesico-vaginal fistula, and of the integument of the penis, I believe that *serres-fines* are preferable to metallic or to any kind of thread."

M. Depaul has also resorted to the twisted suture in upwards of twenty cases of single or double hare-lip with entire success, and cannot assent to the necessity of using metallic wire instead of needles, the superiority of the former not being in his opinion satisfactorily established.

The advocates of the new suture had no difficulty, however, in showing that the "Let well alone" doctrine may sometimes be infringed with advantage.

M. Verneuil, for instance, contended that metallic wire is more generally applicable when it is desirable to leave the sutures undisturbed for a lengthened period. It may possibly be open to the objection of cutting the tissues, but the same accident occurs also with organic threads. M. Richet may not have found metallic wire convenient in urethral fistula; but M. Verneuil had used it in this kind of injury with entire success. With regard to hare-lip, M. Verneuil acknowledged that either system might be resorted to with benefit, according to the peculiar acquirements of each case. In addition, the twisted suture is to all intents a metallic ligature; and whether a needle or a wire be used, M. Verneuil agrees with M. Mirault, of Angers, in his preference for the continuous over the interrupted suture. The former is entirely open to inspection, is performed with the utmost ease, and can be tightened at will.

In the case of a child whose nose had been bitten off by a dog, M. Verneuil succeeded in restoring the organ with silver wire, which affords a more firm support than silken ligatures. But the chief advantage derivable from metallic wire, in his opinion, is the possibility of leaving the suture undisturbed for a protracted period.

M. Trélat also warmly advocated the use of metallic wire in the treatment of hare-lip, and urged several objections against the twisted suture. When the flaps are thick, the needles do not secure perfect apposition. Whatever care may have been employed in the dressing, the suture gapes more or less at the surface, whereas with wire the coaptation of the edges of the wound may be perfectly close. This is the practice of MM. Denonvilliers, Mirault, of Angers, and Letenneur, of Nantes; M. Trélat has been induced by the good results obtained by these gentlemen to adopt the same plan, which he has always found successful.

A letter from M. Letenneur, of Nantes, was then read, in which that surgeon dwelt on the advantages derivable from the use of the metallic wire, especially in hare-lip. M. Letenneur related the case of a child, aged six, in whom it was necessary to remove the intermaxillary bone, with three incisors to restore the nasal septum by pushing up the middle flap, to detach the lip and alæ of the nose from the bone, and to pare away a considerable portion of the margin of the division, thus leaving an enormous gap. The quilled and interrupted sutures were applied with metallic wire, and the final result was most satisfactory. M. Letenneur remarks that he never met with a more fractious, ill-tempered, and passionate child, and that after an interval of ten days he was obliged to send him into the country without having removed any part of the ligature. It was after three weeks only that the patient permitted his mother to extract the threads which had long before entirely performed their office.

The author considers himself justified in asserting that in this instance the twisted suture must have utterly failed in effecting union; that the needles must have cut through the tissues, and that after four or five days, when the needles would have been withdrawn, the child's screams must have destroyed the scar.

"This *modus operandi*," says M. Letenneur, "is further possessed of an advantage of a different kind; the children may immediately after operation be sent back into the country, and thus escape the attacks of diarrhœa and other functional disturbances which are of frequent occurrence in towns. If the plan advocated by M. Velpeau be followed, and if the needles are removed on successive days, the patient must be kept under the immediate superintendence of the surgeon." With the quilled suture, on the contrary, this precaution is unnecessary; immediately after the performance of the operation M. Letenneur sends the children to their home, at whatever distance, with instructions to the parents or to the habitual medical adviser of the family to remove the ligatures after an interval of ten days or a fortnight.

Despite these favourable opinions of the good effects of metallic sutures, M. Depaul persisted in his views, and ex-

pressed his intention to adhere to the old procedures, which he and Professor Dubois have hitherto found to answer their purpose.

Anæsthetic Effects of Chloroform.

M. Rabot recently read to the Medical Society of Versailles a second report on the possibility of prolonging, by subcutaneous injections of morphia, the anæsthetic effects of chloroform. The object of the committee named by the Society was to test experimentally the accuracy of Professor Nussbaum's assertions; and the new series of researches instituted by the committee fully confirm the results of those we recorded on a former occasion. As these inquiries may possibly lead to the introduction into surgical practice of a new mode of protracting anæsthesia, we conceive ourselves justified in presenting our readers with a brief extract of the experiments of the Medical Society of Versailles on this interesting question.

A middle-sized mongrel dog was placed under the simultaneous influence of both agents; one grain of muriate of morphia was injected beneath the skin, and the unconsciousness lasted three hours. The same quantity of morphia was injected in a small greyhound, without any previous inhalation of chloroform. The animal presented all the symptoms of torpor and intoxication, and at first common sensation seemed abolished; but this condition seemed to endure but a few minutes, when the animal whined on being lightly struck with a whip. The effects of the narcotic were promptly dispelled, and in no wise resembled the phenomena induced by the same injection performed during anæsthetic sleep.

The second experiment is particularly interesting, and shows that when morphia only is used its usual narcotic effect is induced, but that the unconsciousness does not extend beyond a few minutes. The action of both sedatives is, therefore, necessary in order to protract anæsthesia for any considerable length of time.

In certain cases, however, the persevering exhibition of opium has succeeded in bringing on insensibility to pain without sleep, and the method has been used for the purpose of deadening sensation during operative procedures.

M. Pauli, surgeon of the 96th Regiment, has lately adduced a case in point, in the 'Gazette des Hôpitaux.' The patient was an Arab, affected with elephantiasis of the scrotum, requiring amputation. He requested M. Scrive to endeavour to produce insensibility to pain by administering to him daily increasing doses of hashish. M. Scrive assented, but, instead of hashish, exhibited opium pills. One grain was taken on the first day, two on the second, and so on up to the tenth day, when the dose was ten grains of opium. The operation was then performed, and, during the extirpation of the tumour, the patient displayed no sign of pain, but conversed with perfect coolness and self-possession.

Treatment of Zona.—The utility of the application of collodion over the eruption of herpes zoster has been for some time known to the Profession; our readers may recollect that MM. Fenger, of Copenhagen, and J. Ossieur, of Brussels, have both advocated the external use of this substance as a means of checking the eruption and averting its painful consequences. M. Fenger recommends the patches to be painted over with the mixture of collodion and castor-oil generally called elastic collodion, and M. Debout has employed in a similar manner the same preparation with the addition of one grain and a-half of bichloride of mercury to the ounce.

In the incipient period of the disease, one application of the remedy is general sufficient to arrest its progress, and in a more advanced stage it requires to be repeated several days in succession. This method of treatment, however, had gradually lapsed into oblivion, but M. Devergie has recently endeavoured to revive it. The 'Bulletin de Thérapeutique' publishes an article from the pen of this gentleman on the subject of zona, in which he loudly proclaims the advantages derivable from the practice. From long and careful experience, he has come to the conclusion that this mode of treatment is especially useful in youth, when zona most frequently invades the scalp, face, and neck, and gives rise to troublesome neuralgia. Mercurial collodion is also, in his opinion, extremely useful in the aged as a means of preventing the formation of the deep eschars not unfrequently observed after the breaking of the bullæ, which give rise to most painful and obstinate ulcers.

We have now, therefore, sufficient authority to resort to this agent in the treatment of zona. We must, however, remark that in the adult the disease is seldom of any serious import, and requires merely attention to diet, baths, and dusting over with starch-flour. When the concomitant neuralgia is severe, M. Hardy recommends the local use of the following antispasmodic powder:—

℞ Oxydi zinci, ʒvj.;
Amyli, ʒxviij.

Chronic Rheumatic Arthritis—M. Beau's Prescription.—Acute rheumatic gout generally yields to the exhibition of sulphate of quinine, but the chronic form of rheumatic arthritis is not so favourably influenced by this remedy. Alkaline and arsenical baths, and arsenic internally, appear to be the most efficacious treatment, both for the relief of the disease of the joints and of the dyspeptic condition, which so greatly interferes with the restoration of the system.

In several cases of this affection, M. Beau recently prescribed:

℞ Acidi arseniosi, gr. ij.;
Aquæ destill., ʒxvj.

Dose, one table-spoonful night and morning.

Every other day a tepid bath containing:

℞ Sodæ carbonatis, ʒiv.;
Sodæ arseniatis, gr. xv.

The quantity of arseniate of soda may be promptly doubled, but should not exceed thirty grains. M. Guéneau de Mussy, who first recommended these baths for rheumatic gout and every form of chronic rheumatism, omits the carbonate of soda wherever any subacute inflammatory symptoms are present, and merely adds the arseniate of soda to a common or a gelatinous bath. M. Beau has found this treatment effective in several cases. It is more especially our duty to notice the fact, as we stated on a former occasion, that Professor Trousseau had not been entirely satisfied with its results.—'Journal of Prac. Med. and Surg.'

MARYLEBONE REPRESENTATIVE COUNCIL.

THE FARCE OF NOMINATING CANDIDATES FOR MEDICAL OFFICER OF HEALTH.

Thursday last having been fixed by the Marylebone Representative Council for the reception of applications and the nomination of candidates desirous of offering themselves for the appointment of Medical Officer of Health, vacant by the death of Dr. Dundas Thomson, there was a very fully attended meeting of the members of that body at the Marylebone Court House.—Mr. Greenwell (vestry clerk) read the applications, and testimonials were presented by four gentlemen desirous of offering themselves as candidates, viz., Dr. John Whitmore, St. Andrews, Member of the Royal College of Surgeons and Licentiate of the Apothecaries' Company; Mr. J. Stevenson, Member of the College of Physicians and Surgeons and Bachelor of Medicine in the University of London; Dr. J. I. Gillan, Aberdeen and Surgeons' Hall; and Mr. S. H. Marshall, Licentiate of the Faculty of Physicians and Surgeons, Glasgow.—The names were about to be put to a show of hands, with the understanding that the two gentlemen receiving the highest number of votes would be returned as the two candidates to go to the ballot for final election at the next meeting, when Mr. Tavener wished to know what position they were in with regard to a resolution passed by that board in 1862, which expressed an opinion that no gentleman who was a member of that board should be elected to an office in the gift of the board, unless he had ceased to be a member for a period of six months.—The Chairman said that the resolution referred to was merely an expression of opinion of the board at that date, and was not at all binding on the present body.—Mr. Taverner would then like to know of their vestry clerk, if this resolution of 1862

was not binding upon them, how it was that a resolution of 1856, when the medical officer of health was first appointed, was binding upon them?—Mr. Greenwell said, that with regard to the latter, it was a resolution laying down and defining the duties of the medical officer of health, and the present board had chosen to adopt them upon the report of a committee of the whole board.—Sir William Wake said they were well aware that Parliament could repeal, if it thought proper, in any session an act it had passed in the previous one; but what he wanted to know was, whether an act performed by a vestry one year could bind a new vestry?—Mr. Greenwell said the mode of getting rid of a resolution which had been previously passed was prescribed in the Metropolis Local Management Act, and if the vestry chose to rescind it, it was not binding.—Mr. Herring said what he wanted to know was, whether a resolution passed in 1862, stating that no gentleman a member of this board should be admitted a candidate for office under the board until he had ceased to be a member six months, would prevent a gentleman in such position now becoming a candidate?—The Chairman had before said that such a resolution was a mere matter of opinion, and not binding upon any subsequent vestry.—Sir J. Rowe asked the vestry clerk if there was anything in the Act of Parliament which would prevent a gentleman in the position described becoming a candidate?—Mr. Greenwell: Nothing whatever.—Mr. Buckenham inquired whether it was not a fact that, since that resolution had been passed, Mr. Potter, who was a vestryman, resigned his seat and became a candidate for the office of inspector of nuisances?—Mr. Greenwell: Yes.—The Rev. L. L. Davies: Was it not a fact that when the resolution referred to by Mr. Tavener was adopted in 1862 the vestry clerk called the attention of the board to the nugatory character of such a resolution?—Mr. Greenwell said he did so (hear, hear).—The Chairman put the names of the candidates to the meeting *seriatim*, when the numbers were:—For Dr. Whitmore, 64; Dr. Stevenson, 24; Dr. Gillan, 1; Dr. Marshall, 0.—Dr. Whitmore and Dr. Stevenson were then called in and informed that they had been selected as candidates to go to the ballot to take place on the following Thursday.

MEDICAL NEWS.

University Intelligence.—Queen's University in Ireland.—At a meeting of the Senate and Professors of the above University, held on Wednesday, the 12th inst., in St. Patrick's Hall, Dublin Castle, the degree of M.D. was conferred by the Lord Chancellor of Ireland, Vice-Chancellor of the University, upon the following gentlemen:—

First Class.—None.

Second Class.—Francis Duffy, Galway; Alexander H. M. M'Murtry, Belfast; Alexander Porter, Belfast.

Third Class.—John Wall, B.A., Cork.

Unclassed.—Andrew Brown, Galway; Albert John Clapp, Cork; Henry Cook, Cork; Lawrence Corban, Cork; Frederick Daly, Cork; James Charles Foley, Cork; Richard Malcom Graham, Cork; Humph. Carden Gillespie, Cork; John Haddon, Cork; J. J. Hanrahan, Galway; H. M'Naughten Jones, Cork; James Kelly, Cork; J. Kennedy, Belfast; James Leatham, Belfast; Henry Lupton, Galway; John Winspeare M'Carthy, Cork; William M'Connell, Belfast; Samuel M'Crea, Belfast and Galway; James M'Cully, Belfast; Thomas French Mullen, Galway; John Watson Mulligan, Belfast; Thos. O'Farrell, M.A., Galway; Patrick O'Keeffe, Cork; Garvin Orr, Belfast; Dean Philip Palmer, Galway; Angus Porter, Belfast; John William Purefoy, Galway; Patrick J. Shannon, Galway; Parker Arthur Smith, Cork; William Thompson, Belfast; John George Thornley, Belfast; J. C. Thorp, Galway; Edwin Wheeler, Belfast; Richard Gilbert Williams, Cork; John Denham, M.D., Edinburgh, *ad eundem*; James Stannus Hughes, M.D., Glasgow, *ad eundem*; Robert M'Donnell, M.D, University of Dublin, *ad eundem*; Edward Percival Wright, M.D., University of Dublin, *ad eundem*.

The result of the First University Examination in Medicine is as follows:—

Third Class.—Andrew Mullan, Belfast and Cork.

Unclassed.—John Albert Anderson, Belfast; Andrew Brown, Galway; Henry Thomas Browne, Cork; Cornelius Buckley, Cork; John James Charles, Belfast; Joseph W. Chestnut, Belfast; William Ellis Clendinnon, Galway; Thomas St. John Clerke, Cork; William Collins, Cork; Henry Comerford, Galway; James Connolly, Galway; William Conway, Galway; George M. Davis, Belfast; Henry Donovan, Cork; Francis Duffy, Galway; James Charles Foley, Cork; Anthony Gorham, Galway; George Gray, Belfast; John Haddon, Cork; Emerson Wilson Henry, Belfast; Thomas Jas. Higgins, Belfast; Oscar D. Honiball, Cork; Ulick Jennings, Galway; David J. Johnston, Belfast; William B. Johnstone, Cork; Jas. Leathem, Belfast; Mark Long, Cork; Henry Lupton, Galway; Robert Peel M'Alevy, Belfast; Edward M'Crystal, Belfast; S. D. Millar, Belfast; John Watson Mullingan, Galway and Belfast; E. F. Nelson, Belfast; John Henry Newman, Cork; James J. O'Grady, Cork; Charles H. Roche, Cork; J. E. Saunderson, Galway; J. C. Thorpe, Galway; Robert Turner, Belfast.

Royal College of Physicians of London.—At a general meeting of the Fellows, held on Wednesday, Oct. 19, the following gentlemen, having undergone the necessary Examination, and satisfied the College of their proficiency in the science and practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—William Lewington Barker, Hungerford; Nicholas William Barrington, P. and O. Co.'s Service; Joseph Silverthorne Belcher, M.D. St. Andrews, 3 New road, Wellclose square; William Maxwell Burman, Wath-upon-Dearne; Walter Chippendale, M.D. St. Andrews, Palermo, Sicily; Anthony Charles Colborne, 53 Tachbrook street, Pimlico; John Davey Eames, Bourton-on-the-Water; Frederick Stuart Ferguson, M.D. Edin., Bolton; John Temperley Gray, 1 Portland terrace, Dalston lane; Benjamin Terry Hodge, Sidmouth; James Lattey, St. George's; Thomas Leigh, St. George's; Robert Rosier Merry, Chelmsford; John Oliphant, M.D. Edin., 24 Alfred street, Bedford square; John Jones Phillips, Guy's; Chauncy Puzey, Guy's; Carl Theodor Schmid, M.D. Tubingen, 33 Edwards square, Kensington; and John David Williams, Bala, North Wales.

The following gentlemen were reported by the Examiners to have passed the Primary Professional Examination:—Paris Bradshawe, King's College; William Hoffmeister, University College; Richard Bottomley Nowell, Guy's; William Alfred Renshaw, Manchester; Charles Edward Heron Rogers, Middlesex; John Swindale, Middlesex; Alexander McIvor Tindall, St. Bartholomew's; and John Holden Webb, St. Mary's.

Royal College of Surgeons of England.—The following Members of the College, having undergone the necessary Examinations, were admitted Licentiates in Midwifery at a meeting of the board on the 19th inst.:—Charles Durrant Pearless, East Grinstead, Diploma of Membership dated January 26, 1864; John Powdrell, Farndon, near Chester, April 27, 1864; Charles James Wills, Stockwell, May 24, 1864; George Vincent Langworthy, Modbury, Devon, April 27, 1864; Henry Cripps Lawrence, Kingston-on-Thames, July 27, 1864; and Thomas Fairbank, Theberton street, Islington, July 27, 1864, students at St. Bartholomew's. Robert Edward Owen, Beaumaris, May 12, 1864, Guy's; William Bailey, Tipton, Staffordshire, July 27, 1864, and Alfred Orlando Jones, Milner square, May 13, 1864, St, Thomas's; Martindale Cowslade Ward, Markham square, May 10, 1864, St. George's; Edgar Athelstane Browne, Notting hill, April 26, 1864, Charing cross; William Yates, Richmond, April 27, 1864, Westminster; and William Allin Thompson, Oxford, May 2, 1861, King's College.

Child-Murder and Infanticide.—One of the subjects discussed at the Social Science Congress was the lamentable increase of infanticide and child-murder. Hitherto the means adopted have proved wholly inadequate to check the growing evil. It was conclusively shown that numerous as are the inquests held on murdered infants, this number, great as it is, fails to represent the full extent of the evil.

The facilities afforded for burying children who are stated to have been stillborn admits of child-murder being carried on undetected to a frightful extent. A little neglect at the birth or a few moments afterwards suffices to destroy infant life, and no surgeon, except by a post-mortem examination, can tell whether the child was born alive or not. A really efficient check cannot be put to this system until it is enacted that no child, whether alleged to be stillborn or not, shall be interred without the production of a medical man's certificate. This practice of course would naturally increase the cost of registration, but that would be of little moment in proportion to the good that would arise from its adoption. It is really a disgrace to this country that the foul crime of murder should stalk through the length and breadth of the land unchecked and almost unheeded. Another cause of the prevalence of child-murder is the unwillingness of juries to convict the party charged, who is almost invariably the mother. In the great majority of cases the poor woman has been abandoned by the one from whom she ought to receive support and assistance, and has first to dread the consequences of exposure and dishonour. She knows that her character is lost, and that if a servant she will for a long time be unable to obtain another situation. Moreover, if the child is born alive, she is without the means of supporting it, and in her misery she thinks it would be better for her and the poor infant if it were allowed to die. All these feelings have great influence with juries, and it is very rarely that they bring in the accused guilty of the capital offence, merely finding her guilty of the concealment of the birth ; and furthermore, when a conviction takes place, it is scarcely ever carried into effect. The Home Secretary is inundated with applications for a partial remission of the sentence, and he is only too glad to have a decent pretext to let the culprit off. Whilst, however, we thoroughly honour the merciful feelings which produce such results, we cannot hide from ourselves that the almost total immunity from punishment has conduced, and does lead, to the increase of the crime. A woman, however miserable she might feel, would yet pause to take the life of her offspring, except in very extreme cases, if she knew that, on detection, she should have to expiate her crime on the scaffold. It is unfortunately but too well known that, as a rule, only imprisonment, and that for short periods, is the usual punishment for crimes of this character ; and thus it is that these women prefer running the risk of detection and mild punishment to the certainty of exposure and its consequent miseries.

The Hunterian Oration.—Professor Partridge, of King's College, has consented to deliver the biennial oration in memory of Hunter in Febuary next, at the Royal College of Surgeons.

Preliminary Examinations.—It may be interesting to those students who have been unable to enter on their professional studies this session, in consequence of not having passed the required Preliminary Examinations, to know that an opportunity will be afforded them in December next, when the College of Surgeons will hold an examination, after which all those proving successful will be able to register from that time only to the end of the session.

Public General Hospital at Doncaster.—A movement to establish a public general infirmary at Doncaster, and to connect with it an already existing dispensary, is received with great favour at Doncaster and the neighbourhood ; and at a meeting held under the presidency of Mr. Moore, the Mayor, it was announced by Alderman Shirley that upwards of 3,400*l.* had been promised towards the required amount of 5,000*l.*, including 500*l.* from the Corporation of Doncaster. Such an institution is greatly needed, inasmuch as from the introduction of machinery in the agricultural districts accidents are of greater occurrence. A report, prepared by Alderman Shirley, which showed that the governors of the dispensary had agreed to amalgamate with the proposed infirmary, and that a site embracing 2,449 square yards had been selected, was unanimously agreed to on the proposition of the Rev. Dr. Vaughan, the vicar. A committee was appointed to carry out the object, and it is expected that immediate steps will be taken to proceed with the erection of the infirmary, which would be a great boon to a large district, embracing what is known as the Isle of Ascholme, a rich agricultural portion of North Lincolnshire.

Poisoning by Yewberries.—Last week an inquiry was held by Dr. Lankester at Finchley common, relative to the death of a child aged three years, who died through eating yew-tree berries in Finchley Cemetery.—It appeared that the deceased was the daughter of the gardener to the above-mentioned cemetery, and on Wednesday last she was with her mother in the grounds, and was observed by the father to eat one or two of the berries from an Irish yew-tree, but he then thought nothing of the circumstance. Shortly afterwards the mother and child went home and had tea, when the child was taken with a kind of faintness. The mother gave her a small quantity of brandy and other restoratives, which seemed to recover her, and she was then put to bed, a dose of castor-oil being administered. The deceased, however, relapsed into her former alarming state, when medical assistance was sent for, but in the meantime death ensued.—Mr. John White, surgeon, deposed to being sent for to the deceased about half-past seven on Wednesday evening last, when he found her dead. The post-mortem examination plainly proved that death was the result of poison. In the stomach he found some partly digested yew-tree berries—from twenty to fifty. He produced some of the seeds, but many of them had passed into the intestines. The husks and seeds were poisonous, but not the fleshy part of the berry. The stomach and intestines were patched and inflamed, showing the irritative action of poison, which was caused by the berries.—The Coroner remarked that this was a very important case, for yew-trees were thickly planted in all the cemeteries, and by the fact becoming known that the berries were poisonous, greater watch would be kept upon children by those who had them under their care while visiting such gardens, and thereby a similar melancholy event be prevented. The jury returned a verdict of "Death by accidental poisoning."

The Medical Society of London held it first meeting for the session at its rooms near Hanover square, on the evening of Monday, the 17th. A very instructive opening address was delivered to a crowded assembly by Dr. Greenhalgh, of St. Bartholomew's, President for the present year, relating several anomalous cases in obstetric practice. A curious specimen of aneurism of the profunda artery was exhibited by Mr. Spencer Watson, and three extraordinary cases of acute tubercular pneumonia, associated with intense dyspnœa, by Dr. Williams, of Swansea. Each communication elicited a very active discussion, in which Dr. Marion Sims, Dr. Palfrey, Dr. Routh, Dr. C. Kidd, Mr. Bryant, Dr. Leared, the learned President, and others took part. A new regulation (rather to be regretted) has been made, that the Society now only meets once a fortnight, in place of the time-honoured once a week.

University College, London: Entrance Exhibitions.—The result of the examinations for these exhibitions has been published as follows:—For the entrance exhibitions of 30*l.*, 20*l.*, 10*l.* respectively, each tenable for two years for gentlemen attending their first winter session at a medical school, the first place was assigned to Mr. Tempest Anderson, the second to Mr. Temple Augustus Orme, the third to Mr. Henry Cass. Others, especially Mr. Adam P. Hurleston, the fourth in merit, were reported as having acquitted themselves with much credit. For the Andrews Entrance Exhibitions of the Faculty of Arts, the three exhibitions of 30*l.* per annum, each tenable for two years, were adjudged as follows:—For proficiency in classics and mathematics combined, to Mr. Frank Watson, from Godolphin School, Hammersmith (the Rev. H. Twells, M.A.). Mr. Watson was also pronounced to be decidedly first in classics. For proficiency in classics alone, Mr. James Bradbury, from the Clapham park School (Mr. George Long's). For proficiency in mathematics alone, to Mr. Thomas Adams, from the Wesleyan College Collegiate Institution, Taunton.

Medico-Chirurgical Society, Bradford. — This society, formed last year, celebrated the termination of its first year's proceedings by a dinner at the Talbot Hotel, on

the 11th inst., R. H. Meade, Esq., F.R.C.S., President, in the chair. The quarterly report showed that the society has upon its list of members the names of thirty-one practitioners. Its ordinary meeetings, held monthly, for the delivery and discussion of papers on medical and surgical subjects, have been well attended, and so far very successful. It is found that this society supplies a want previously felt, not merely as respects the intercommunication of matters of professional experience, but also as regards the cultivation of a proper tone of honour and amity amongst its members.

Small-pox in Jamaica.—This disease is raging fearfully in Spanish Town. Several deaths have taken place in the last few days. Imprecations strong and loud are heaped on those who allowed the quarantine regulations to be put aside, by which this fearful disease is now ravaging the country. At a future day we shall have something to say on the subject. While we are anxious for immigration, no attention is paid at all to prevent contagious diseases from being brought to our shores. Whom are we to thank for this?—'Jamaica Tribune.'

Worcester Ophthalmic Institution.—The committee of this institution have purchased the site on which the present temporary building stands, and propose to erect an hospital of suitable proportions to meet the requirements of the neighbourhood.

Professor Simpson, of Edinburgh, has been on a visit to London, and was the observed of various observers at the late "Introductories," probably "takin' notes, and faith he'll print them," for the benefit of the educational question and Professor Syme in Scotland.

Dr. Marion Sims, who has resided two years in Paris, is said to give a preference to the hospitals of London, as better ventilated, the food better, the skill in surgery superior, to what all these are in Paris.

Constitution of the Medical Profession in France.—Dr. Sandras publishes, in the *Abeille Médicale*, interesting particulars on the constitution of the Medical Profession in France. The author advocates the suppression of the *officiers de santé*, an inferior class of practitioners, who are permitted to practise in that department only in which they have passed their examination. The order of *officiers de santé* was created during the First Empire. During the revolutionary period, 1792-1802, there had been no regular reception of doctors in France except at Montpellier, when 471 diplomas were granted during these momentous ten years. For the purpose of recruiting the thinned ranks of the Medical Profession, the First Consul sanctioned the creation of the *officiers de santé*. From 1802 to 1864, the total number of practitioners received amounts to 39,275—viz., 24,074 doctors of Medicine, and 15,201 *officiers de santé*. In 1861, the total number of registered practitioners was 11,546 doctors and 5,687 *officiers de santé*. The latter chiefly practise in the rural districts, where their numbers seem to increase in proportion as the importance of the communes diminish.

Home for Convalescent Patients.—A meeting has been held at the Council Chamber, Glasgow, for the purpose of establishing a Convalescent Home for patients on their leaving the Infirmary. A committee was appointed to aid the ladies of a charitable society with whom the proposal originated in carrying it into effect.

Cambridge Medical Examiners.—Dr. Paget, Dr. Dickenson, and Mr. Lestourgeon are appointed Examiners for the first examination for the degrees of B.M. and M.C. Dr. Latham, Dr. Humphry, and Mr. Lestourgeon are appointed Examiners for the second examination for the degree of M.C.

The Yellow Fever at Bermuda.—Advices just received state that the yellow fever is abating at Bermuda. The medical officers sent from Canada who had suffered from it were all recovering, and those who could be spared from duty were about to return to head-quarters. The troops, with the exception of convalescents and a simple guard, have all been removed to Halifax.

The late Birmingham Musical Festival.—At the meeting of the General Hospital Board on Friday, Colonel Mason, the Chairman of the Festival Committee, handed over a further check for 2,000*l.*, making 5,000*l.* already paid over as the proceeds of the festival. Colonel Mason announced that the accounts will shortly be closed, and the balance paid over to the hospital.

Munificent Bequest.—The late Mr. Richard Thompson, of Bilston, has bequeathed 3,000*l.* to the South Staffordshire Hospital.

Hippophagy in France.—Mr. Decroix, one of the Secretaries of the Society for the Protection of Animals, recently delivered a lecture at the *Jardin d'Acclimation* of the Bois de Boulogne, on the use of horse-flesh as an article of food. After showing, by official returns, that the supply of buchers' meat is not equal to the requirements of the population, he remarked that if the flesh of disabled horses was admitted into the market, the present inadequate supply of meat would be increased by one-twelfth, and might, in Paris, daily produce upwards of 2,600 kilogrammes of wholesome animal food, even admitting the flesh of one-third of the horses slaughtered to be unfit for consumption, on account of their diseased condition. Mr. Decroix observed that, in the course of his military career, Baron Larrey had on three separate occasions prescribed with the greatest benefit horse-flesh for his patients; and that, in Egypt especially, he had thus succeeded in checking the progress of scorbutic diseases in the army. More recently, in the Crimea, by the advice of Dr. Baudens, two companies of artillery entirely lived upon the flesh of unserviceable horses, and thereby escaped the diseases prevalent in the expeditionary corps. At Vienna, Berlin, Altona, and in other towns, horse-flesh is eaten by all classes of society. In illustration of his remarks, the lecturer produced a large tureen of broth made with horse-flesh, and a dish of the meat, of which the persons present partook with much relish.

Analysis of Bath Waters.—(By Professor Roscoe, F.R.S., Manchester.)—At the request of Sir Charles Lyell, Professor Roscoe undertook the examination of the residue obtained by the evaporation of the Bath waters (King's Bath spring) by spectrum analysis. About four ounces of the deposit from the basin in the pump-room was kindly forwarded to him by Dr. Falconer. This was first examined for strontium, barium, lithium, rubidium, and cæsium, by first boiling it out with water acidulated with hydrochloric acid; this separated the sulphate of calcium, of which the deposit mainly consists, together with most of the sulphates of strontium and barium which might be present. The residue was fused with carbonate of sodium, and the carbonates examined for barium and strontium, according to the method described by Bunsen. No trace of barium was found, but strontium was present in quantities sufficiently large to enable it to be easily detected. The portion of the deposit soluble in dilute hydrochloric acid was freed from alkaline earths by several precipitations with carbonate and oxalate of ammonia, and in this precipitate strontium was again detected. The magnesium was next separated by ignition of the mixed chlorides with oxide of mercury; and on examining the portions of the residue, soluble in water, the red lithium line was plainly visible. The alkalies were precipitated as platinum double salts, but after long washing no other lines than those of potassium could be detected. It appeared, however, possible that the greater portion of the more soluble alkaline salts might be spontaneously deposited from the water, but on examining, according to the above method, the salts derived from the evaporation of twenty gallons of water, Professor Roscoe was still unable to detect the smallest traces of either rubidium or cæsium. In the course of both analyses he detected the presence of copper in the deposit by the usual tests.

APPOINTMENTS FOR THE WEEK.

Wednesday, Oct. 26.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, Oct. 27.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.;

London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, OCT. 28.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 29.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, OCT. 31.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, NOV. 1.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Jno. Ward, Esq., Penistone	1	1	0
G. W. Bagg, Esq., Southam	0	5	0
J. Blackshaw, Esq., Stockport	1	1	0
Osborne Johnson, Esq., Newark	0	10	6
W. W. Pearce, Esq., Ashby-de-la-Zouch	0	10	0
R. Kerswill, Esq., St. Germans	0	10	6
A. G. Roper, Esq., Croydon	1	1	0
G. W. Pretty, Esq., Hoxne	0	10	0
Dr. Plumbe, Maidenhead	0	10	0
J. Westell, Esq., ditto	1	0	0
L. Wooldridge, Esq., Whitechurch	0	5	0
T. Plowman, Esq., Langport	0	5	6
Dr. Wm. Rayner, Stockport	1	1	0
G. Terry, Esq., Frome	0	5	0
E. Corkey, Esq., ditto	0	5	0
Amount previously announced	80	9	0
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Oct. 19, 1864.

MR. TALLEY.—The letters are inserted, and we take the opportunity of offering Mr. Talley's explanation to the public.

AN OLD SURGEON.—The letter is inserted.

DR. ROBERT FOWLER.—The list is inserted.

THE OBSTETRICAL SOCIETY OF LONDON.—The Report is inserted.

MR. HARDWICKE.—The list of corrections has been received.

A. B.—Fousel oil, or potato-spirit, is the hydrate of the oxide of amyle, and is analogous in composition to alcohol, which is the hydrate of the oxide of ethyle. Fousel oil is used in pharmacy for the preparation of valerianic acid.

DR. S.—The volume alluded to has not yet appeared.

M.R.C.S.E.—You would do well to take the advice of some respectable agent before adopting the course you propose.

MR. F., *Greenwich.*—The bromide of potassium is considered, on good authority, to possess powerfully sedative properties. It should be given in large doses, as, for instance, gr. v. to gr. x. three times a day, dissolved in water.

AN AUTHOR.—The books in question were all reviewed in this Journal many months ago.

NICOTINE.—The subject has been fully discussed in our columns long ago, and it is very unworthy of the Journal alluded to to vamp up old and stale materials and pass them off as new.

A POITRINAIRE.—We know nothing of the professional qualifications of the persons mentioned. We have received the book, but believe it to be only an advertising speculation, and we have therefore considered it unworthy of notice.

DR. S. W.—The number of medical students is, on the whole, less than it has been in previous years, but there has been an increase in some particular schools—namely, University College, King's College, and the Middlesex Hospital. Although the quantity of the students has diminished, the *quality* is improved.

Urine.—Dr. Harley will commence his WINTER COURSE of DEMONSTRATIONS on URINE and URINARY DEPOSITS, for Medical Practitioners, on FRIDAY EVENING, NOVEMBER 4th, at 8 p.m. Fee, 2*l.* 2*s.* The Class meets once a week, and Instruction is practically given in the Application of the Microscope and Chemistry to the Diagnosis and Treatment of Disease.
Physiological Laboratory, University College, October, 1864.

Apothecaries' Hall. — The next EXAMINATION in ARTS will be held at the Hall on Friday and Saturday, the 27th and 28th of January, 1865. A Syllabus of the Subjects for Examination may be had on application.
An Examination in Arts will again be held in the month of April, 1865.
R. B. UPTON, Clerk to the Society.

Mr. G. Hind, F.R.C.S., has resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M. and 6 to 8 P.M.).

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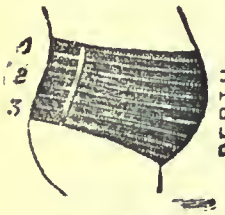

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Mr PHILIP BOURJEAURD, in submitting the accompanying diagrams, presents his best thanks to those Gentlemen who have, for some years past, prescribed his appliances in cases indicating their necessity, and begs respectively to assure others, who have not used them in their practice, that they will find them a most valuable assistance in most cases indicating their necessity of compression or support. The inventions consist of Abdominal Supporters, Hernia Apparatus, Ankle, Knee, and other Bandages, with various other Appliances, that the élite of the Profession have pronounced to be most ingenious.

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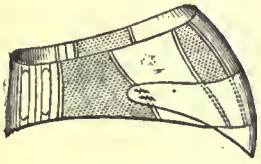

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 258.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Clots in the Uterus.—Either alone or in conjunction with other causes, clots in the cavity of the uterus frequently give rise to an undue loss of blood. The flooding is kept up by the clots distending the uterus and preventing its complete contraction. It is a fact of great practical value, that, in order to be safe from flooding, it is not only necessary that the uterus should be firmly contracted, but also that *its cavity should be perfectly empty.* The detention and coagulation of the blood in the uterus may be due to many causes. Sometimes, on the detachment of the placenta, blood is poured out, and is prevented from escaping, the placenta acting as a plug. When the placenta is removed, the coagulum in some cases remains behind. In the same way a clot may form in the uterus in consequence of the flow of blood being obstructed by a coagulum lying over the os uteri, or in the upper end of the vagina. The horizontal position on the left *side* also tends to keep a certain amount of blood stagnant in the left side of the uterine cavity. It is in order to allow the blood to escape freely as it flows from the mouths of the vessels that I always place a patient on an incline before delivery; the head, shoulders, and thorax being higher than the pelvis (Prec. IV.). When the patient lies on her back, the blood escapes more easily, in consequence of the direction of the uterine cavity being backwards and downwards. Coagula are especially liable to collect in cases of inertia, from the walls of the uterus being so distensible.

Clots, which are expelled after labour, may be uterine or vaginal—*i.e.*, they may be formed in the uterus or vagina; and this distinction is of considerable practical importance. Vaginal clots form in the majority of cases, and, except when very large, give rise to no particular symptom, and come away generally when the patient empties the bladder; whereas uterine clots are, *comparatively speaking*, rare; and as their expulsion is usually effected by uterine contraction, are attended with more or less suffering and loss of blood. Very often we may be able to tell, by the appearance of a clot, whether it has been formed in the uterus or in the vagina. A vaginal clot is smooth, shining, and soft, just like a coagulum which has been allowed to form in a basin; its size ranges from that of a marble to one as big as a child's head. It is impossible to tell a fresh uterine from a vaginal clot; but after it has been exposed to the contractile efforts of the uterus for a few hours, it has undergone certain changes, which enable it to be easily recognised. It is more or less compressed, of toughish consistence, and its surface is rough and broken, not unlike a piece of placenta. Sometimes it is expelled in flaky pieces; or when the coagulum is single and fills up the interior of the uterus, it is often expelled retaining the shape of the cavity.

Diagnosis.—Hæmorrhage due to the presence of uterine clots alone is readily ascertained. The uterus is more bulky than is proper, and very *tender* on pressure; the patient complains of frequent and severe afterpains. If the placenta and membranes have come away entire, and the patient complains of the above symptoms, the flooding will sure to be owing to the presence of clots in the uterus. When there is inertia as well, the tenderness and afterpains will be absent; but even then we may tell pretty clearly that there are clots in the uterus, from its large size and the obstinacy of the flooding. In most of these cases the hæmorrhage is external as well as internal; but in a few instances the flooding is almost entirely internal, the blood pouring into the uterus and coagulating there, and very little of it appearing externally. With ordinary care internal hæmorrhage cannot be overlooked, for the symptoms of loss of blood will be present, and the uterus will be very bulky—in some bad cases almost as large as previous to delivery.

Treatment.—The clots must be removed either by strong pressure on the uterus or the introduction of the hand. If the coagula are recent they may often be expelled by grasping firmly and squeezing the uterus downwards. I employ this plan only in cases in which the hæmorrhage has not been great, and I infer from the size of the uterus that the quantity of coagula is small. The removal of the clots should be effected by the introduction of the hand—first, when there has been a large loss of blood and it becomes necessary, in order to insure the patient's safety, to arrest the hæmorrhage at once, the expulsion of clots by pressure being always uncertain; secondly, when the uterus is very large and evidently contains a large quantity of coagula, because there is a great risk of only partially emptying the uterus by pressure, in which case valuable time and blood are lost, and the introduction of the hand becomes necessary after all—besides, in bad instances of internal hæmorrhage, the depression produced by pressing out a large mass of clots is quite as severe, if not more so, as that caused by passing the hand into the uterus; thirdly, when the uterus is so tender that the patient can hardly bear it to be touched, in such a case it would be cruel to torture the patient by endeavouring to expel the clots by pressure; and lastly, when the coagula have been in the uterus for some hours, because after a time they become so tenaciously attached to the walls of the uterus that very often pressure will not succeed in bringing them away. Sometimes, on passing the hand into the uterus, a few soft clots will be felt loose in the centre of the cavity, while the walls are plastered by layers of clots, consisting chiefly of the fibrin of the blood, and adhering so firmly that a certain amount of force is required to detach them.

Illustrative Cases.—I have met with several instances in which I have had to remove clots a short time after delivery; but the two last of the three following cases are interesting, inasmuch as the clots were not removed until the lapse of twenty-four hours.

Case I.—Mrs. D., æt. forty-one, residing in Warstone lane, a Dispensary patient, the mother of a large family, was delivered more than an hour previous to my arrival by a midwife. The patient was in bed, bandaged up, and the midwife gone. She looked very pale, and the pulse was quick and small. On inquiry she said she was losing a great deal, and suffering considerably from afterpains. On undoing the binder, I found the uterus reaching a little above the umbilicus and very tender—so much so, that she pushed away my hand and begged me not to press again. I then turned her gently on her side, and introduced my hand into the uterus, and removed a large mass of clots. She felt almost instant relief; the hæmorrhage was stopped there and then; the uterus was much decreased in size, and was no longer painful on pressure. She made a good convalescence.

Case II.—Mrs. W., æt. thirty-six, the mother of six children, was also delivered before my arrival. She had been placed in bed and appeared going on pretty well, and, according to her own account, the loss was "not more than it ought to be." Having a great deal of work to do that day, I did not see her again until next morning. She complained bitterly of the afterpains, which had tormented her during the whole night. The face was pale, and the pulse 120. There had been, and there was still, free draining of blood going on. The uterus was larger even than in the last case, and very tender; I turned her over on the left side, and passed my hand with ease into the uterus. In consequence of the time which had elapsed since delivery, the sensibility of the parts had fully returned, and the passage of the hand caused more than usual pain. The patient and her friends entreated me to desist; I was some time before I got all the clots away, as there was a large quantity

of them, and some adhered very firmly to the walls of the uterus. The relief on their removal was instantaneous and permanent, the draining ceased, and she did not have *a single* afterpain afterwards, and the recovery was uninterrupted. Although the operation was painful, the benefit derived was so evident to the patient's mind and feelings that I obtained considerable kudos in consequence.

CASE III.—Mrs. B., Tindal street, primipara. The labour had been very rapid, and the child was born before they sent for me. I found that the loss had been considerable, but by simple pressure on the uterus the hæmorrhage was apparently stayed. I was not able to see her again until next day. She said she had lost a great deal, and was suffering severely from afterpains (most unusual for a primipara). The pulse was quick and she was thirsty and feverish. The uterus was large and tender, and the sanguineous discharge which drained from her was slightly offensive. I passed my hand into the uterus and removed a mass of very black clots, which already had begun to decompose. On my next visit the patient's condition was very much improved: she had had no afterpains, and very little discharge since the removal of the clots; the uterus was considerably diminished in size, and had lost its tenderness; the discharge was no longer offensive, and the pulse had gone down to 100. She did well.

This case is one of great interest, as the clots in the uterus endangered the patient's life, not only through the loss of blood, but by their decomposition. I consider she had a most narrow escape from an attack of puerperal fever.

HOSPITAL REPORTS.

By DR. G. DE GORREQUER GRIFFITH.

KING'S COLLEGE.

(Cases under care of Mr. HENRY SMITH.)

The case of a woman suffering a number of years from a large fatty tumour in the posterior part of the thigh, which we reported in one of our recent numbers, has turned out most admirably, although, after Mr. Smith had operated, the wound resulting from the excision of the tumour had been attacked with erysipelas, and for its restoration to a healthy condition required the most careful attention. The other case of tumour—that of "Recurrent Fibroid" removed from the knee of a medical man's widow by the same gentleman (Smith)—has also done well; no bad symptom having arisen throughout, and the wound itself having healed up rapidly. There is no sign of a return of the disease, and to all appearance the affection is quite eradicated.

We have seen Mr. Smith operate frequently for the removal of tumours, and we cannot here refrain from remarking the rapidity with which such tumours are extruded from their beds, and how completely and effectually they are extirpated.

CHARING-CROSS HOSPITAL.

(Cases under care of Mr. CANTON.)

There was in the male ward a man of about fifty-seven years of age, who had been admitted into the hospital from the Royal Military Clothing Dépôt, Pimlico. The man complained of persistent pain in the coccygeal region of the spine.

The history of the case is:—Some weeks previous to admission into the house, the patient, while engaged in some work at the Dépôt, slipped from a stool upon which he was standing, and which was raised only a few inches from the ground. No pain was felt at the time of the accident, and a few days after its occurrence the man got married to his third wife; he then began to complain of pain in the lowermost part of his backbone and all over the entire of the gluteal region, and stated that the nature of it was a dull aching, or a boring, gnawing sensation, which was sometimes aggravated to actual pain of an acute, lancinating character. The pain was described as being so excessive, that it precluded the possibility of rest day or night, and had, he said, prevented him sleeping for weeks, even though various measures had been adopted for the procuring of relief and ease. It was suspected by the officer in charge at the Dépôt that the man was an "old soldier"—*i.e.*, in other words, a malingerer. At the patient's own wish, therefore, he was allowed to go to hospital. Mr. Canton thought there might possibly be some thickening of the periosteum at the lower end of the spine, where the pain was said by the patient to lie persistently, and that the thickening was the result of inflammatory action, perhaps occasioned by the fall mentioned by the patient; but he had no doubt there was a good deal of the ailment humbugitis, or, as it was termed in military practice, malingering. Entertaining this view of the nature of the affection, Mr. Canton treated it accordingly, adopting severe measures with the patient for the removal of the pain, and watching him carefully in order to detect any sign of malingering. A succession of blisters was applied to the painful spot and in a short time the pain disappeared, and the man the day after leaving hospital reported himself at the Dépôt as "quite well, and fit for anything."

We would notice here, that were this patient able to trace the pain of which he complained to the fall from the stool, he would, at a future time, if disabled for his duty from any cause connected with such pain, be entitled to a pension; again, that the probabilities are very much in favour of his having been malingering—first, because he knew the regulation respecting pensions; secondly, because the height from which he fell was only a few inches; thirdly, no report was made of any pain or uneasiness, nor did the man experience at the time of the accident any discomfort whatever; fourthly, the man got married a few days after the "severe injury" he stated he had received; fifthly, he reported himself to the medical officer in charge of the Dépôt as suffering from pain only some time after he had received the fall, and some days after he had taken to himself his third wife; sixthly, did the pain which he described actually exist, it is not unlikely that it had arisen from the fact of his having been newly married, and to a woman very much younger than he is, and who might have exacted from him more marital attention than at his advanced period of life he was able to bestow.

Another case that we saw under Mr. Canton's care was a little boy of about six or seven years of age, who for some time had been a sufferer from caries of the lower cervical vertebræ, and from a general strumous constitutional taint. The little fellow's face was quite bleached, owing to the excessive delicacy, and the integument of the entire surface of the body was of that transparency peculiar to the strumous habit; in addition, there was the idiosyncrasy of expression in the countenance such as is only met with in patients suffering from spinal disease, and of which affection it is most truthfully pathognomonic.

The treatment pursued by Mr. Canton was to administer internally the usual anti-strumous medicines, namely, cod-liver oil, together with compounds of iron and iodine, and at the same time give the most nutritious food the patient's *stomach could digest*; while locally, that is, on each side of the diseased vertebra, issues were established, and the head was steadied by an apparatus which, binding it to the trunk, made it so completely one with the entire body, that it could not possess any separate power of motion. In this way were obviated all danger of the vertebra suddenly giving way, and of the cord being suddenly compressed, and so occasioning instant death.

EMBALMING THE DEAD.—At a recent meeting of the Royal Academy of Sciences at Turin, an interesting report was read on an embalming process invented by Professor Gorini, who had submitted several dead bodies to the examination of the commission appointed to inquire into the question. It appears that, by M. Gorini's method, subjects may be preserved for a period of six months in a state of freshness and softness, sufficient to fit them for dissection; that after a further period of three months the bodies become completely hardened and desiccated, and may continue in that state for an indefinite number of years, when they may again be softened by a fortnight's immersion in water.

REVIEW OF BOOKS.

Entoptics; with its Uses in Physiology and Medicine. By James Jago, M.D. Oxon., A.B. Cantab., Physician to the Cornwall General Infirmary and Truro Dispensary. Pp. 188. London: Churchill and Sons. 1864.

Entoptics is that part of optics which teaches the nature of the changes produced under certain conditions upon light when it enters the eye, giving rise to a series of objects existing in, or in connexion with, that organ. To Dr. Jago is due the merit of having cultivated this branch of science to a greater extent than any other author, and of having explained its principles in such learned and scientific language, as places him among the first ranks of the writers on optics. He was first led to this branch of investigation, as he tells us in the Preface, in the year 1841, when, on pressing strongly on the eyeballs to test some physiological problem, he was affected with *Muscæ volitantes*, for which he consulted an oculist, who, fearing an attack of amaurosis, enjoined Dr. Jago to abstain from reading for a time. Dr. Jago, being thus precluded from books, occupied his mind with thinking, and began examining the *muscæ* with a punctured card, and invited his acquaintances to search their eyes in the same way; and the result of these inquiries was a paper "On Entoptics," which he published in 1845. Some years afterwards an article on the same subject appeared in a German encyclopœdia, but it was treated so inefficiently, that Dr. Jago determined to renew his researches and to embody them in the present treatise.

It would be obviously impossible for us, in our limited space, even to give an outline of Dr. Jago's small but elaborate volume, which proves the author to be a most learned mathematician, as well as an observant physician. The treatise is divided into chapters, describing respectively the method of investigation, the apparitions from the eyelashes, eyelids, and conjunctival fluids, the entoptic phenomena of the iris and crystalline lens, and of the vitreous humour and the retina.

Military Surgery. By George Williamson, M.D., Surgeon-Major, 64th Regiment. Pp. 255. London: Churchill and Sons. 1863.

The present book is a reprint of one published in 1859, entitled 'Notes on the Wounded from the Mutiny in India,' which was a collection of cases without any table of contents or headings to pages or index. These deficiencies have been supplied in the present edition, and the author has also made a few general remarks under each head, from the results of his own observation. The wounded of the infantry and cavalry, who arrived in England after the Mutiny in India, were specially placed under Dr. Williamson's care for observation, and he was at the same time occupied in arranging the specimens of gunshot and other injuries incidental to active military life, to be found in the museum of Fort Pitt, but now transferred to Netley; and the results of these two series of observations form the material of Dr. Williamson's volume. He divides the contents into twenty-one chapters, treating successively of gunshot wounds in general and those of special organs and structures of the body; of sword, lance, and bayonet wounds, and of miscellaneous wounds and injuries received in action; of amputations and excisions; and of the means of transporting the sick and wounded. The remarks in the text are illustrated by the series of preparations contained in the Museum of the Army Medical Department, and Dr. Williamson states that every preparation of gunshot wound contained in the Museum up to 1859 has been described in his pages. This collection was commenced by Sir James McGregor in 1810, and after the close of the Peninsular War the small number of specimens then in existence were transferred from the York Hospital at Chelsea to Chatham, and thence, as is well-known, to Netley. The whole of the pathological specimens were arranged by Dr. Williamson, and a catalogue printed 1845. The book now before us is a most useful record of facts in Military Surgery, and is illustrated by eleven engravings, executed in the highest style of art, and exemplifying various forms of injury. The last engraving represents a conveyance for sick or wounded soldiers on the field.

Contributions to Practical Medicine and Surgery. By James Arnott, M.D., late Superintendent Surgeon at St. Helena. Pp. 43. London: Churchill and Sons. 1864.

A considerable part of this little work is occupied with the therapeutical applications of cold, the use of which, in the intense condition or congelation, as a means of producing insensibility in surgical operations, has been previously strongly recommended by the author. He still regards this method of inducing anæsthesia as superior to most others, and he draws attention to the great mortality after operations under chloroform as an argument against the use of that agent, especially in some minor operations. Dr. Arnott also makes some remarks on the use of ice in various diseases, as inflammation and diphtheria, and in epilepsy, as recommended by Dr. Chapman; and the latter part of the *brochure* is devoted to a description of some diseases of the urinary organs and the surgical treatment which Dr. Arnott thinks most suitable to such cases.

Ten Years of Operative Surgery in the Provinces: being the Record of Eight Hundred and Seventy-five Operations performed from 1850 to 1860. By Augustin Prichard, F.R.C.S., Surgeon to the Bristol Royal Infirmary, &c. Part II. London: T. Richards. 1863.

The present part of this interesting record comprises autoplastic operations, excisions, removal of tumours, the treatment of talipes, the relief of deformities, the reduction of dislocations, and other similar proceedings which fall to the care of a surgeon in hospital practice. They are all well, although briefly described, and form a valuable contribution to practical surgery.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. Ward, Physician to the Dreadnought Hospital, concludes his clinical lecture "On Intermittent Fever." He describes the appearance of the face in ague, the physiognomy of this disease being as well marked as that of consumption, Bright's disease, or scurvy. The organ chiefly involved is the spleen, which is enlarged and indurated in chronic forms of ague; and the kidneys also are frequently congested in this disease, so as to cause albuminuria. Dr. Ward does not confirm the impression that ague affords immunity from other diseases, phthisis in particular; on the contrary, he has found the diseases to coexist in several cases; and ague is frequently recorded among the antecedents of phthisis. The best treatment of ague, whether in its acute or chronic form, is quinine, which both removes the cachexia that is present and relieves the congested portal system. The external and internal application of iodine and the bromide of potassium have not been followed with so much relief of the splenic enlargement, according to Dr. Ward's experience, as the treatment with quinine, sometimes associated with a few grains of sulphate of magnesia.——Mr. T. Holmes continues his "Contributions to the Practical Surgery of Diseases of Childhood," his present subject being excision of the hip, with statistics and remarks on the method of operation. The statistics are considered by Mr. Holmes as highly unsatisfactory and delusive; for many of the patients who die are operated upon when in a hopeless condition, and many who

are said to recover have been only temporarily relieved. Mr. Holmes considers, however, that the operation holds out a prospect of benefit when all other means are unavailing, and he therefore often performs the operation, although he seldom recommends it. He commences the history of eight cases, two of which died and three recovered completely.——Dr. T. MORLEY ROOKE relates an interesting case of what he terms "Erythema Gangrænosum," occurring in an unmarried lady, aged thirty-nine. The disease presented some very unusual features, the eruption rapidly assuming a gangrenous character, and resisting all ordinary remedies, but finally yielding to mercury given in very large and long-continued doses.

THE 'GLASGOW MEDICAL JOURNAL.'

This, the October number, opens with an original communication "On Ovarian Extirpations," by Dr. CLAY, the eminent ovariotomist of Manchester. The cases reported are the hundred-and-ninth and hundred-and-tenth which have occurred in the practice of the author, and the seventy-fifth and seventy-sixth successful operations. Case 109.—A married woman; sac very large and tense and apparently unilocular; tapped; thirty pounds of fluid removed; sac entirely emptied, and, containing no solid body, had injected into it ℥iv. tincturæ iodinii fort. (Ph. Edin.), with ℥iv. aquæ. The injection, by kneading the belly, was made to pass as nearly as possible all over the internal surface of the sac, and was then allowed to come away; half of it was thus removed, but almost completely deprived of its iodine colour. Treatment by this method proved unsuccessful, making two cases of failure out of six treated in this manner. Three weeks subsequently to this trial the sac began to refill. Rules which cannot be too strictly observed are laid down for the application of this method of treatment, and the danger attendant upon it is remarked to be comparatively trifling. On November 14th, 1863, the sac was removed by means of the long incision; nepenthe as a sedative was used instead of opium, in xxxv.—xl. gr. doses. The patient is completely cured. Case 110.—Married woman; multilocular tumour of right ovary, partly solid, partly cystic; very tensely filled; tapped on July 1st; eighteen pounds drawn off; operated on July 5th; length of incision, eleven inches; ligature for pedicle (which was thick) composed of Indian hemp; four weeks after operation the patient returned home quite well. Out of one hundred and twenty-four cases, Dr. Clay has had only thirty-seven deaths; such a result speaks for itself. He is also *the first* to have extirpated "fibroid uteri with their appendages entire."—— Dr. LEISHMAN contributes "Observations on Uterine Tumours." Case 1.—Patient aged forty-eight; fibrous tumour connected with uterus, noticed for six years, and occasioning pain and difficulty of micturition, a dragging sensation in the loins, and latterly profuse menorrhagia; large and firm, very irregular, moveable in all directions superiorly, attended with a *bruit de soufflet* over its lower part, the bruit being most distinct in the left iliac region, intensified by the pressure of the stethoscope, heard faintly in the posterior lumbar region, altogether lost on the assumption of the erect position. The menorrhagia disappeared when the patient stood up, but returned when she assumed the horizontal position. It was checked by the use of ergot." Case 2 was one of "Fibrous Polypus connected with Posterior Peritoneal Surface of the Uterus," and occasioning eversion of the os. All that could be done in this case was to relieve the uterine leucorrhœa which existed. Case 3.—"Retroflexion of Uterus—Reposition by the Sound—Use of Simpson's Pessary—Unsuccessful Result." The retroflexion was in reality converted into retroversion. The use of Simpson's pessary is condemned.—— Dr. ANDERSON reports "A Case of Injury to the Internal Ear, from the Report of a Cannon, followed by Paralysis of the Portio Dura Nerve." Leeches, calomel, and opium, counter-irritation to the cheek in front of the ear, iodide of potassium, entered into the treatment, and the "result was as satisfactory as could be expected under the circumstances."——Dr. CHRISTIE has an article "On Suicidal Impulse." The subject is to be viewed under two aspects—as an impulse emanating from a mind in a perfectly healthy state, and as a symptom of cerebro-mental disease. Under the latter, the author of the paper considers it. A suicidal tendency he conceives to be positive proof of mental unsoundness.——Under the head of "Medical Musings" is considered the impracticability of reducing Medicine to a science that can be controlled by fixed laws and principles; of ascertaining the exact nature and causes of fevers or other unhealthy conditions of the body; of arriving at anything like a correct conclusion as to to the mode of action of medicines—how and why they agree or disagree. The practice which prevails amongst some men of treating all forms of one affection or malady in the same manner is very rightly stigmatised.——The second part of the Journal is taken up with reviews of the writings of Soelberg Wells, Dr. Gibb (whose work is criticised in a most amusing manner), Dr. Hodge, Dr. Bumsted "On the Pathology and Treatment of Venereal Diseases," and other authors. At the close of the Journal are given "Selections from Medical Journals."

LEGAL INTELLIGENCE.

PROSECUTION OF THE SO-CALLED "DR. HENERY."

In continuation of our report of this case, which we commenced last week, we subjoin the following portions of the evidence offered for the prosecution:—

Montague Augustus Clarke, aged about twenty-eight, said: I am captain in the 50th Regiment, the dépôt of which is stationed at Parkhurst. In August, 1863, a book by Dr. Henery was sent to me, and I came to town on the 17th. I went to 52 Dorset street, and was introduced into a small, dark sort of room. I pointedly asked the man who came in if he was Dr. Henery, and he said he was. I particularly asked him. I have not seen him from that day to this. The defendant now at the bar is not the man. He said he would forward my boxes of medicine. I said I could take them, when he objected to that, and obliged me to give my name and address. I gave him my real address. I asked him how much I was indebted to him, and he said eleven guineas. I asked him what for. He said, "Ten guineas for the medicine, and one guinea for

the fee." I can't say whether he said anything about the medicine being expensive. I left the place, and from time to time I wrote to him, and the medicine was sent. After getting through that I sent for some more. I think I sent seven times. I think about February last was the last time I sent. I paid him 85*l.* 11s. The first payment was in two 5*l.* notes and two sovereigns, and he gave me the change. The payments were subsequently in these cheques now produced. The last payment made was in April last, in a cheque. After that I heard nothing more till June or July, when I received the following letter:—

"Medical Institution, 52 Dorset street, Portman square, London, July, 1864.

"No. 3 Private-room, Bugle Hotel, Newport.

"Dear Sir,—Experience has proved that in cases similar to what you are suffering from a personal interview invariably leads to the advantage of a patient, and therefore have requested the bearer, a gentleman of great experience and skill, to see you, as he happens to be in your neighbourhood on a professional visit.

"Yours truly,

"A. F. Henery, M.D.

"W. Anderson.

"Captain Clarke, Parkhurst."

It was put into my hands by the ostler from the Bugle Hotel at Newport, Isle of Wight. The prisoner who now stands here I saw upon the 15th of September last. He called upon me at my barracks. His first introduction, as far as I recollect, was, that he said he had called on behalf of Mr. Henery. I said I did not want to have anything to do with him. He said, "Are you aware he has a large claim against you?" I said I was not. As we were then talking on the steps of the major's apartments, I said to him, "You had better come to my rooms," where, after some conversation, he said that I had better draw a cheque for 150*l.* I asked him what for, and he said, "To settle Dr. Henery's claim." He afterwards said he would take 100*l.* I asked him how he made out his claim, and I think he said, "For medicine and advice." He said, "You had better draw a cheque for a hundred guineas," and this he repeaetd about six times. He was longer in my room than I otherwise should have allowed him to be, on account of the rain. I do not like to turn a man out in the wet, and offered to send for a carriage for him. He asked me for a sovereign. I asked him what he wanted it for, and he replied, "For my expenses." I said, "Is that your fee?" He said, "No, my fee is five guineas." I said, "Dr. Henery sent you down, and he must pay you." I ultimately gave him a sovereign, as he said he was only told of the claim the night before, and he had come away in a very great hurry with very little money, and he seemed not to have enough to take him back to town. I asked him for his name, and he said it was of no consequence. I said, "You have the sovereign, and I must have a receipt." This I did more particularly to get his name. The prisoner gave a receipt, and wrote, "Received, on account of expenses, 1*l.*" dated September 17, 1864, and signed "H. Wilson." Shortly after this he left me. I said at the time that I should be going to town, and would call at Dorset street. I wrote to Dr. Henery on the 19th of September, and on the 26th I received this——

Mr. Yardley: Stop. Let me interpose a question. Was anything said by you to the defendant in September about his former visit to Newport in July?

Prosecutor: I showed him the letter (the one above, dated from the Bugle Hotel). He just looked at it, and I do not think he made any observation. On September 26 I received another letter in the following terms:—

"Medical Institution, 52 Dorset st., Portman square.

"Sir,—I regret exceedingly to have to inform you that your letter did not reach me until Saturday night, otherwise it would have received my immediate attention. Nevertheless, I have to remind you that you promised the gentleman who waited upon you at Parkhurst that you would call at Dorset street. Therefore I do not understand your giving so much trouble in the matter. I have to inform you that my claim for 150*l.* is for medical advice and medicine. (The letter here states the nature of the disease which the medicine was intended to cure.) If you will satisfy my claim without further trouble, I will give a receipt in full of all demands, or sign any paper that you may choose to draw up, so that you shall not be troubled again by your obedient servant, "A. F. Henery.

"September 26."

Shortly after this another letter was received, in which the Doctor states that he had called at Cox's, the army agents, and found that I had been there on the Saturday. I had been to Cox's before I received the following letter:—

"Warburton's Hotel, Newport, October 5,

"Private Sitting room, No. 4.

"Sir,—I am here expressly from London to see you, with a view, if possible, to effect a settlement of Dr. Henery's claims, and anticipating your refusal to see me at your quarters is the reason I have penned this, and would recommend you to do so at once, for rely upon it I do not intend journeying here for nothing. Your letter from your solicitor has been received, and I have that and some from yourself with me. Now, supposing I were to inform you application will be made at the War Office, with explanation of case; and if we were to do so, you know what the consequences would be; or supposing I were to inform you that I expect to be in your neighbourhood in Scotland next week, and that I don't intend leaving here, in the event of your still persisting in your refusal to pay, without making it known in the neighbourhood for what purpose I am here. I am in no hurry, and will allow you time to reflect whether it will be better to pay Dr. Henery's legal and just claim, or submit to exposure of your filthy case.

"I would inform you that I have waited upon one of the head solicitors of Plymouth since I saw you in reference to a claim we had upon his son; and on our explaining what we would do in the event of his not paying us, he soon saw the force of what we stated, and paid us at once. Now, the reason I did not tell you what we intended doing in the event of your not paying when I was here before was because you promised to call in Dorset street, and relying upon your word as a gentleman was the only reason I did not do so.

"Yours obediently, "H. Wilson."

There was a postscript, which said it was useless for me to say that I was not at my quarters, and that Anderson had seen me there. This letter I forwarded to a relative, and he forwarded it to Mr. Fry, my attorney. To the best of my belief, I think it is in the present defendant's handwriting. The handwriting of the receipt he gave me for the sovereign corresponds with it, I think.

Some time afterwards Alfred Field Henery was brought in.

Mr. Herring: I appear for Wray (the proper name of the prisoner being Austin Wray). We will say he is Wray.

Mr. Yardley: What does it matter? The only thing is to show that he is the man that the complainant saw.

Anderson was then placed by the side of Henery or Wray, and Captain Clarke's evidence being read over,

Mr. Yardley asked the prosecutor if either of the persons present was the party whom he saw when he went to 52 Dorset street.

Captain Clarke: That is the one (pointing to Henery). I am certain he said he was Dr. Henery. I want to add that I could not be certain that he was the man until I saw him here, as we were only in the dark room for a minute or two. I may add that I have just been to Dorset street. When he was taken into custody he had a bundle of papers, and on the top was one which I knew to be in my handwriting.

Sergeant White, 16 D: I went to 52 Dorset street just now, and found Dr. Henery in bed in a room on the second floor. On seeing him, I knew him as the person trading under the name of Dr. Henery. I said, "You must attend the Court; there is a warrant for your apprehension." He said, "I can't; I am too ill." I said, "That is nonsense; I saw you out yesterday." I pulled down the bedclothes, and found he had his drawers on. He got out of bed. Shortly afterwards, and while he was dressing, he said, "Why does he not pay the money? He knows it is a debt, and I have his handwriting to prove it." I said, "Who owes you the

money?" and he said, "Clarke does." The name had not then been mentioned. I said, "Have you the letter here in which he acknowledges that amount?" He said Mr. Herring had it. He said, "I have a bundle of letters here," and he pulled them from his pocket, and on the outside was a line written, "Mr. Clarke's letters." On the way to the court he opened the bundle, and turned round to the prosecutor and said, "Is your name Clarke?" After receiving an answer he took out a particular letter, which he placed on top of the bundle, and walked by the side of Mr. Clarke, and said to him, "I have your letters here, and you will be made to pay for this." Then he walked up to me again, and said, "I will not forego this debt, whatever he may do. I am advised by Mr. Herring not to forego it."

WEDNESDAY, OCTOBER 26.

The further hearing of the case was fixed for this day. When it was called on, the following certificate was handed to Mr. Yardley:—

"House of Detention, Clerkenwell, E.C., Oct. 26.

"I hereby certify that William Anderson is suffering from a violent attack of delirium tremens, and quite unfit to be moved at present. "W. SMILES, M.D."

The prisoner Henery, *alias* Wray, was then brought in.

Mr. Metcalfe prosecuted; Mr. Ribton defended Henery; and Mr. Herring watched the case for Anderson.

Alexander Thompson, clerk in the London and Westminster Bank, was called to prove that certain cheques were placed to the account of J. O. Wray. Some of these were made payable to order, and were endorsed in the name of Henery. The endorsement was in the handwriting of Wray. Sergeant White, 16 D, was also called to prove that the handwriting on the cheques was Wray's and that the defendants carried on the business at 52 Dorset street, Portman square, under the name of Henery.

Mr. Yardley: You see the client of Mr. Herring is not present, and I think the question of business ought not now to be entered into. It would be as well to reserve that till both are present. Before we go any further, I would ask in what way it is intended that the indictment should be framed. I think the charge ought to be, threatening to extort money by publishing libellous matter.

This form was acquiesced in by both Mr. Metcalfe and Mr. Ribton.

Captain Clarke's evidence was then read over, and Mr. Ribton cross-examined him.

Captain Clarke said: I took the medicine for about four months. I cannot say exactly how many parcels or boxes of medicine I had sent to me, but I think about seven or eight boxes. The first, I think, contained twelve bottles, and always after that there were ten in the box. For the first box I paid ten guineas, and the rest were paid for at the same price. I objected to the price upon one occasion. I had directions given to me as regards my regimen. It was a printed direction enclosed in the first case. I cannot say whether it gave detailed directions about my diet. I went to the defendant's house because I was suffering from indisposition. He told me about the benefit of cold water bathing, but that was nothing as I did that every morning. I have seen his book, which recommends bathing every morning. There was something also said as regards exercise, but I am in the habit of taking exercise. When my boxes of medicine ran out I wrote to the defendant for a fresh supply, which was forwarded to me. I continued to take it in the same way till I took further advice. I found myself better at one time. I asked the defendant at one time about gymnastic exercise, but I received no answer.

Mr. Ribton: Did you ever write anything like this:—"I feel very much stronger, but still feel some pain in my shoulder. Please to acknowlege the receipt of this.—10th of October."

Complainant: That is mine. I had been under his treatment then about two months.

Mr. Ribton: On the 29th of September last year you wrote again:—"Please forward me some more medicine. I am still improving."

Complainant: No, I dont think I did improve.

Mr. Ribton: Here is another letter, dated in November, which you may perhaps recollect:—"I will feel obliged if you will forward me another box. I think it will be the last, as I feel pretty well and stronger. I have lost the pain in my back. Send me same as before."

Complainant: The medicine seemed to me to differ in taste, but the quantity was the same. I have received letters from Henery from time to time.

A rumour was current last week that Anderson, *alias* Wilson, was dead, but such is not the case. He attempted to strangle himself while under a paroxysm of delirium tremens, but he is now improving, and will be brought up under remand to undergo the rest of his examination at the police court.

PARISIAN MEDICAL NEWS.

PATHOLOGY AND TREATMENT OF INFANTILE SYPHILIS.

We described in a former number M. Roger's opinions on the subject of *hereditary* syphilis; we now reproduce the Professor's remarks on infautile syphilis *accidentally* acquired; and we shall conclude with his observations on the treatment of both varieties of the disease in infancy.

Some modes of infection operate in children as well as in adults. Thus, an infant may be contaminated by a kiss given by a diseased person. Mr. Langlebert relates the case of a shopman who was afflicted with chancre in the finger, and who communicated it by direct contact to a child which he held in his arms. A nurse or a nursery-maid suffering from mucous condyloma may transmit the taint to a child sleeping in the same bed. But, in general, infantile syphilis can be traced to a different origin; for instance, to the passage through the vagina during labour, and subsequently to lactation or vaccination. In Jewish families, circumcision has been instrumental in propagating the taint.

Infection during labour cannot readily take place except through abrasions, wounds, or injuries inflicted for criminal purposes. If such be not present, inoculation is almost impossible—an assertion abundantly borne out by the many natural impediments to the transmission of the poison. Thus, the mother's organs, washed by the amniotic fluid, are thoroughly cleansed of all impurities and morbid secretions; in the second place, the infant's delicate skin is effectually protected by a layer of sebaceous and fatty matter, which prevents the possibility of imbibition. So true is the remark, that the accoucheur or midwife, in examining per vaginam a woman labouring under primary symptoms, will often become affected with chancre of the finger, whilst the fœtus traverses the same passages with perfect impunity.

M. Melchior Robert had recorded several cases of primary syphilis of the external organs of prostitutes who had recently been delivered, whilst in no instance was chancre discovered in their children. Thus, although it would perhaps be rash utterly to deny the possibility of direct contagion during labour, yet it should be admitted with the greatest caution, and as a very rare exception.

A child may be affected during the operation of circumcision, or by the vaccinator's lancet, but the disease is more generally communicated by the nurse. M. Roger does not believe, however, that the virus can be transmitted by her milk. The lacteal secretion of a woman affected with syphilis is doubtless unwholesome, but no positive proof has yet been adduced that it contains the actual poison of syphilis. It is, on the contrary, superabundantly demonstrated that chancre or mucous papulæ situated on the nurse's nipple can readily generate indurated chancre in the infant's lips, and subsequently give rise to secondary infection. The child, on the other hand, may taint the nurse, and this twofold aptitude gives rise to most intricate problems highly interesting to the medical jurist.

At the not very remote period when chancre was proclaimed the only transmissible symptoms of syphilis, the possibility of the contamination of a nurse by an infant was

rejected with utter scorn. The circumstance, when it occurred, invariably led to the acquittal of the true culprit from the charge, and the nurse's complaints were disregarded. It was argued that the infant suffering from secondaries, which are not contagious, could not possibly have propagated the infection. Assuming, therefore, the symptoms observed in the infant as expressive of hereditary syphilis, the nurse was considered not to be justified in tracing to them the disease she herself suffered from, which must have been contracted in some very different manner. Additional light has since been thrown upon the subject, and it is now satisfactorily ascertained that a child contaminated by its parents can readily inoculate to the nurse's nipple the secretion from mucous papulæ of the mouth, and give rise to indurated chancre; the question, therefore, is now reduced to the discovery of the infecting party. If the nurse bears on the nipple an indurated chancre, coincident with glandular enlargement, whilst the nursling displays secondary symptoms on his lips and other parts of his body, it is highly probable that the poison has been communicated by the infant. The surmise requires greater strength if the father or mother, or both, present evidence of former syphilitic manifestations. All doubt is removed, according to Professor Pelizzari, of Florence, if the chancre observed on the nurse's breast is a superficial, painless sore, with a scanty secretion, these being the characters assigned to chancre induced by the inoculation of secondaries. If the symptoms are reversed, and the nurse is affected with mucous papulæ of the nipple, whilst the infant presents an ulcer of the mouth with the characters above enumerated, the nurse may be suspected, and further evidence should be sought for in the examination of her husband and child, if the latter be still living, its death strengthening the suspicion of hereditary syphilis.

The problem is thus much simplified; and we may say, with M. Rollet, that "primary chancre is the hinge on which must turn in future all medico-legal questions connected with the transmission of syphilis from the nursling to the nurse, and *vice versâ*." If, by accident, no chancre or ulcer can be detected in either subject, although both present unmistakable symptoms of infection, it becomes necessary to revert to the laws which govern the evolution of secondaries and of primary chancre, in order to establish the respective period of infection in both the individuals under examination. In similar inquiries, the possible intervention of a third party must not be forgotten. M. Ricord, for instance, relates the case of a nurse who bore on the nipple a primary sore communicated by a person suffering from chancre of the mouth, who, for the purpose of relieving the mammary gland of exuberant secretion of milk, had applied his lips to the part. The nurse may, in addition, have been contaminated by another child, and not by her own nursling.

M. Roger opines that the gravity of infantile syphilis has been much exaggerated. Hereditary syphilis, represented by many authors as extremely dangerous, soon yields to appropriate treatment when the symptoms appear a fortnight after birth.

After what we have said of the immunity from any morbid manifestations frequently enjoyed during the two first weeks of life by children affected with hereditary syphilis, we may inquire whether the fact that one or both parents were tainted at the period of conception justifies the surgeon in instituting the specific treatment in the case of an infant immediately after its birth. "If both parents have been affected," says M. Roger, "and if the child is vigorous, the mercury may be at once exhibited; but in general, and more especially if the child is weak, it is a safer practice to refrain from medicinal interference, because the infant, after all, may escape contamination, and milk is more wholesome than mercury. If, on the contrary, characteristic symptoms have appeared soon after delivery, it is right to resort without delay to appropriate measures of treatment."

These measures may be direct or indirect; indirect treatment, administered to the child through the nurse or mother, is subject to many contingencies before it can attain the desired object, that M. Roger ascribes to it but very secondary importance. Direct treatment is, therefore, far preferable. It may be external or internal, but mercury must be its chief agent. M. Roger conceives that the exhibition of the remedy internally is more effectual, can be more closely watched, and, if necessary, discontinued. The Professor rejects the proto-iodide of mercury as a medicine not easily managed, and prescribes the bichloride, and more especially the liq. hydrarg. bichloridi, which he considers an extremely useful and active preparation. One fluid ounce of the solution used in France contains half a grain of bichloride of mercury.

The dose for an infant varies from half a tea-spoonful to one tea-spoonful daily, in syrup or alone, and the child should immediately afterwards take the breast. This medicine, however, is open to several objections, which M. Roger briefly adverted to. The name by which it is designated in France (*liqueur de Van-Swieten*) is very generally known, and points out too distinctly the character of the disease for which it is prescribed. If the term *corrosive sublimate* be used, the idea of a poison at once arises, and therefore, in order to conceal the nature of the remedy, M. Roger has deemed it expedient to exhibit the drug in the shape of a syrup which he calls *depuratory*, and is prepared so as to contain in every tea-spoonful one-fiftieth part of a grain.

Subsequently, M. Roger prescribes the iodide of potassium, in doses of from one to five grains daily. If anæmia supervenes, the mercury should be discontinued and the syrup of iodide of iron prescribed in its place; and when the child has recovered his strength, the bichloride may again be resumed.

Baths containing thirty grains of sublimate are also resorted to at the same time. The amount of the medicinal agent might be increased to one drachm, if from any cause the child was not able to take mercury internally.

Locally, for the cure of mucous papulæ and condylomata, M. Roger has recourse to lotions with chlorated water, and in the intervals of the lotion the parts are dusted with—

Calomel . . .	15 grains;
Starch powder . .	One ounce.

This powder will also be found useful for the relief of syphilitic coryza, which may be favourably modified with fumigations of cinnabar, and eruptions within the mouth will be arrested by the application with a brush of the diluted liquor hydrarg. bichloridi, or merely with a solution of chloriuated soda.

When the surgeon is deterred by the presence of diarrhœa from the internal exhibition of mercury, M. Cullerier recommends friction over the chest every second day with half a drachm of the ung. hydrarg. mitioris, the stronger preparation being objectionable on account of the local irritation which often follows its application. On the intervening days the child is placed in a bath containing soap or corrosive sublimate.

In most cases this treatment removes all the symptoms in the course of one, two, or three weeks, but it should be persevered in for a month after an apparent cure has been effected. M. Diday believes that the medication should be continued for three months, but M. Roger professes that two months are sufficient if the remedial measures are instituted with sufficient care and sagacity and if the constitution of the child is able to bear the uninterrupted action of the mineral.—'Journal of Practical Medicine,' &c.

Liberality.—The will of Mr. Zadik Aaron Jessell, of Savile row, and Gordon House, Putney, the well-known pearl and diamond merchant, has just been proved in London; and amongst other liberal bequests to various charitable institutions he has left 100*l.* to each of the following hospitals: the London (Whitechapel road), the North London, the Free Hospital (Devonshire square), and the Jewish Hospital (Norwood).

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 2, 1864.

THE "MANLY VIGOUR" QUACKS AND THE MORALITY OF THE PENNY PRESS.

Apropos of the late proceedings taken against the person named Alfred Henery, *alias* Wray, and of the exposure of the "Manly Vigour" crew, the 'Daily Telegraph' of Tuesday, Oct. 25, indulged, *inter alia*, in the following outbursts of virtuous indignation :—"These offensive wretches, whom to describe aright would need the profound observation of a Balzac and the indignant eloquence of a Juvenal—these parasites upon society—these blood-suckers, have learned to fancy themselves safe in a land where the stocks and the pillory have fallen into disuse, and where the summary jurisprudence of Judge Lynch is viewed with disfavour. Had they lived in ruder times, or were they even now to transfer themselves to some other countries, assuredly would they have to groan as the playful but malodorous egg, the lively pebble, and the dead but still formidable cat, were hurled against them by the mob. Hangers-on of a noble profession—tatterdemalion knaves, who burlesque a beautiful and indeed sacred science—these scurvy impostors still infest the town, still trade upon the vices and weaknesses of their neighbours." . . . . "Your quack doctor accordingly invents some specific, some marvellous lotion, some 'heal-all' in the shape of pill, powder, or draught. He writes something that he calls a book ; or, more properly speaking, he gets the thing written for him by some unhappy drudge who can spell a little better than his employer. He hires a house and a brass-plate. He devotes himself to some special illness, which men object to making public—to mental infirmity, or to the ailments that are the appointed scourge of vice. In time he gets patients. He deals gently enough with the poor ; they are not worth robbing. But at length he meets with his pet prey. As an angler impatiently casts back into the stream the absurd little fish which impudently makes free with a hook meant for its betters, so does the quack spare the humbler fool. His perseverance is rewarded ; a nobler fish rises, bites, and is caught. The doctor lets him play ; does not seek to land him at once ; watches with a certain amusement, as well as a certain anxiety, his nervous efforts to regain his freedom ; and at last, when he is tired out, disposes of him according to the rules of art. The very first thing the fellow does is to learn the name and profession of his victim, and, this clue once obtained, it does not require any extraordinary sagacity to find out his weak points. Then, after the usual amount of balderdash, blandishment, and blarney, the medico changes his tone, and employs threats. If he is not summarily knocked down, he knows that his game is safe. Hitherto, he has contented himself with merely overcharging his patient for the drugs which he has forced him to swallow ; but now he can play in bolder fashion. Instead of a few miserable guineas, it is a cheque for a hundred or a thousand pounds that he insists upon receiving, under penalties, in case of refusal, which he indicates as plainly as can be. Apparently, he is but too often successful. The sensitive and nervous—a sufficiently numerous class—readily submit to the bold and blustering rascals who, not on Hounslow Heath, but in little back parlours, cry for money or—what is more valuable than life." . . . . "Now there can hardly be imagined any crime more thoroughly deserving of condign punishment than this. It is, in the full meaning of the term, abominable ; and the very highest punishment that the law allows should in every instance be inflicted. The fellows are cowards themselves, and would soon be choked off if they found their game becoming dangerous. Opposition disarms them ; they are helpless the moment that the person upon whom they trade can summon up sufficient manhood to resist." . . . . "Traders upon the weaknesses and infirmities of humanity, they are infinitely worse than any ordinary robbers ; they are the highwaymen of social life—the Thugs who strangle honour."

As Shakespere's Welshman says, when commenting on one of Pistol's bombastic speeches : "These be as brave words as you shall see on a summer's day ;" and yet they are not too strong for the occasion. But whatever the trade is which is followed by these persons, what shall we say to the following advertisements among others, taken from the 'Daily Telegraph' of the same day, October 25. We of course omit the names, which are mostly fictitious, and the addresses :

NEW WORK BY THE AUTHOR OF "MANHOOD."
Just out, Pocket Edition, post free 12 stamps, sealed ends 16.
DR. ———'S MEDICAL GUIDE to MARRIAGE. A Practical Treatise on its Physical and Personal Obligations. With Instructions for removing the special disqualifications and impediments which destroy the happiness of wedded life. By Dr. ———, - — — — st., ———, London. This work, the result of 25 years' successful practice, contains rules by which forfeited privileges can be restored, and essential functions strengthened and preserved.
Sold by ———, London ; or direct from the Author, who has just published a revised edition of his medical work, "Manhood," an Essay on the Treatment of Nervous Debility, Spermatorrhœa, Impotency.—Post free, 12 stamps ; sealed ends, 20.

NEW FRENCH DISCOVERY in the SCIENCE of MEDICINE.—.———.—This great Continental Remedy, prepared in the form of a Lozenge, administered by the most eminent in the medical profession at home and abroad. May be carried in the waistcoat pocket, free from taste or smell, and be taken without inconvenience to the patient. "———," No. 1, is administered in cases of Sexual Debility, and is strongly recommended to those contemplating marriage, ensuring in a few days increased muscular development, with health, strength, and vigour. "———," No. 2, cures with safety, speed, and certainty, all urethral affections, at once subduing inflammatory action by lubricating the delicate mucous membrane ; also successful in obstinate cases of Stricture, &c. "———," No. 3, is the blood purifier in cases of Diseases from Infection, Skin Eruptions, Sore Throats, &c. ; and in all cases where mercury has been indiscreetly administered.—To be had only of ——— and Co., ——— st., ——— st., London, —. Price 11s. on application ; or free by post for 12s. for stamps or Post-office orders.

THE VIGOUR of YOUTH restored in Four Weeks by Dr. ———'S ESSENCE OF LIFE.—This wonderful agent will restore manhood to the most shattered constitution in four weeks. Success in every case is as certain as that water quenches thirst.—Sole Agents, ——— and Co., ——— , London. Price 11s., or four quantities in one for 33s. Sent anywhere, carefully packed, for remittance.

MEDICAL ADVICE.—Dr. ———, of the Lock Hospital, on the Self Cure of SPERMATORRHŒA, NERVOUS DEBILITY, and DISEASES of INDISCRETION, with

Curative Remedies, free for six stamps. ——— street, ——— square, London. Recent cases of infection cured in a few days. Advice, with "Means of Cure," by letter or personally, 9 till 2, and 6 till 8; Sundays, 10 to 12. Notice.—Fees and medicines superseded.

IN CASES of SECRECY TAKE Dr. ———'S SPEEDY CURE.——The ——— CAPSULES, containing the essence of ———, free from taste, being encased in sugar, at once cure diseases by subduing all inflammatory action. Price 11s. on application; or, free by post, 12s. 6d., for stamps or Post-office order.—Address ——— st., ——— sq.

Just out, price 2s., by post 26, or sealed 36 stamps, direct from the Author, or from ———,

DR. ——— on the PHYSIOLOGY of MARRIAGE.—A Popular Medical Review of its Social, Moral, and Physical Obligations, and the various Disqualifying Causes which in both Sexes prevent the attainment of its legitimate Objects. With an Essay on the Disorders arising from solitary habits or excesses, and on the Treatment of Nervous Debility, Physical Incapacity, and Sterility—founded on the results of 25 years' successful practice. By ———, M.D., ——, &c.

A distinguished Queen's Counsel, in addressing the Court of Queen's Bench, observed: "This is an extremely valuable book, written by an eminent and experienced medical man, upon one of the most important and interesting subjects of life, which everyone, married or single, ought to be acquainted with."

At home from 10 to 2, and 6 to 8. ———.

GIVEN AWAY, a Work on MARRIAGE; its Duties and Impediments. Showing how the vigour of youth may be restored, and retained to an advanced age. 8vo, 180 pages. Sent post-free for two stamps; sealed, twelve.—Address Dr. ———, ——— street, ——— square, London.

MASCULINE VIGOUR GUARANTEED, without the possibility of failure, by the use of Dr. ———'S REMEDY, prepared in the form of a lozenge, to ensure secrecy. Invaluable in all cases of Generative and Physical Debility, Spermatorrhœa, &c. Sent, carefully packed, on receipt of 11s.; free by post, 12s., for stamps or Post-office order; or on application.—Address Dr. ———, ——— street, ——— sq., London.

THE SILENT FRIEND on MARRIAGE, 150 pages, illustrated with engravings, price 1s., post free 14 stamps, sealed 20; containing prescriptions of Preventive Lotion. Make this invaluable work your guide and adviser for self-cure in all cases resulting from the errors or excesses of youth, infection, loss of natural power and vigour; all female irregularities, and barrenness.—Address Messrs. ——— and Co., ——— st., ——— st., London. Consultations daily, 11 till 2, and from 5 till 8.

TO LADIES ONLY.—Consult Dr. ——— Personally or by letter in Midwifery, Pregnancy, Obstructions, Disappointments in Marriage, and cases peculiar. Has had Thirty-one years' London practice. "Ladies Medical Confidant," post free, 14 stamps. ——— street, ——— square, London.

We reprint the following letter, published about a month since:—

"On Tuesday the Marylebone Police-court was crowded with medical gentlemen anxiously awaiting (as they concluded) the *certain* conviction of an old offender for filching another man's name and professional title "*cut and dried.*" This person, known by the name of Hamilton, and carrying on his avocation in Henrietta street, Cavendish square, whence he issues (*in my name*) those polite invitations "*to ladies only,*" made his appearance in answer to a summons under the 40th Section of the Medical Act. To the surprise of all present, however, the pseudo Dr. Scott gets off "*scot-free,*" with the *Doctor* in the bargain, the case being dismissed on the ground "that his assumption of that title did not imply that he practised as a physician," notwithstanding it was prefixed to a vile pamphlet "On Female Obstructions," &c., and forms a prominent feature in those foul advertisements, published daily for the last few years in my name in certain penny papers, *in defiance of repeated requests to the contrary.* However, it may be some satisfaction to know that, although the matter was thus disposed of for the present, a case was demanded and granted. So much for the *sham* Dr. Henry Scott. Now let us see how it affects the real man, although I think the matter as deeply concerns the Profession at large as myself. Can it be otherwise than that the daily display of these productions in my name must do me serious professional injury, to say nothing of the continued annoyance of people addressing me on the subject? I could cite numerous instances to show that I have been taken, or rather mistaken, for this man. Scores of ignorant persons, and *not a few evil-minded ones,* have set it down for certain, that I am the author of these advertisements, or, at least, must have something to do with them, otherwise the papers would not dare to insert them. That they have done so every man who "runs (or *rides*) and reads" will tell you; and what influence this has had upon my practice and prospects as a physician you may guess. The common query of persons acquainted with the facts is, Does the law allow such a thing? Others wonder at the man's impudence, and amongst the *élite* of the Profession, too, nothing daunted. No. We have heard of the age of *stone,* the age of *bronze,* and of the age of *iron;* but I think that when a fellow like this unblushingly makes use of another's name and qualification, and takes a house next door to the President of the College of Physicians to carry on the deception, we have arrived at the age of *brass.*

HENRY SCOTT, M.D.

Upper Woburn place, Sept. 28th, 1864.

Some of the advertisements to which we have referred appear *every day* in the 'Daily Telegraph' and other papers, and must bring in an enormous revenue to the proprietors of those Journals. We would suggest the following as an addition to the "sensation" leader from which we have extracted some choice specimens:—

"The parasites and bloodsuckers, the blustering rascals who transact their filthy business in little back parlours, nearly all belong to a disreputable section of the Jewish fraternity, who derive enormous wealth from the profits of their villainy, and who, by assuming fictitious names, are enabled, with the assistance of Hebrew attorneys—more rascally, if that be possible, than themselves—to evade the punishment which the law imposes upon their iniquities, and they live in a style of luxury and splendour which honest men contemplate with astonishment. The chief means by which victims are entrapped within their dens and afterwards held in their clutches are afforded by the publicity given to their indecent announcements by the ready pages of several of the penny papers, which convey the poison daily to thousands of the innocent, the ignorant, and the unsuspecting; and these papers are, in fact, in great part maintained by the profits of such advertisements. It would be a ludicrous picture, worthy of the graphic pencil of a Rabelais or a Smollett, to contemplate the proprietors of the 'Diurnal Tomahawk' receiving over their counter thousands of money for the prurient trash which is published daily in its advertising columns, and at the same time handing over a few shillings to some half-starved literary hack, and because one or two of the pseudo-medical rascals are brought to justice, instructing him to fulminate his sesquipedalian anathemas against a system which his employers have for a series of years done their utmost to encourage. With regard to the parties now before the police-courts, the Boanerges of the 'Tomahawk' has ample license to vent against them the full phials of his denunciation, inasmuch as these are only small traders in nastiness, and do not belong to the rich Israelite confederation of quacks; and moreover, instead of adver-

tising in the 'Tomahawk,' these privateers do their literary work themselves, are their own advertisers and publishers, and paste up their announcements chiefly in those obscure but useful retreats where the wayfarers retire to relieve the occasional but imperative calls of Nature."

We submit the above as a fair specimen of telegraphic composition; and although it contains some "brave words," there is nothing libellous in them, and they may, therefore, be indulged in with safety. It also supplies some important omissions in the otherwise very commendable castigation bestowed upon the quacks; and we have no doubt that the 'Telegraph' will be obliged to us for the hint.

SUMMARY OF THE WEEK.

PROPOSED AMENDMENT OF THE MEDICAL ACT.

A meeting of the members of the Branch Medical Council for England has been summoned for an early day, to take into consideration the propriety of instituting immediate steps for the amendment of the Medical Act, and especially the fortieth clause, which has been found to work so inefficiently for the protection of the public and of the registered practitioners of Medicine in this country. We believe we are correct in stating that Dr. Burrows is taking an active part in this movement, and we are happy to find that his advocacy will be employed in defence of professional interests. The question, however, is one of considerable difficulty, and the members of the Council are by no means agreed as to the amendments to be asked for, or the line of policy to be pursued. It is urged by some that the existing law has already done considerable good, that by applying to the Legislature there is a probability of losing what has been obtained, and that any attempt to punish or to suppress quackery would certainly be unsuccessful. It is also alleged that many of the offences now committed by persons falsely representing themselves to be practitioners of Medicine or Surgery are punishable at common law without the intervention of any Medical Act whatever. Thus, a person falsely representing himself as a Medical man, and obtaining money from patients under that misrepresentation, stands exactly in the same position as a man who falsely represents himself as a clergyman, and obtains money from the charitable or the religious, under that guise; the offences in each case being punishable at common law. This argument, however, is all very good in its way, but it must be recollected that the question of the guilt of the accused party must be determined by an English jury, who would, in all probability, have no difficulty in convicting the pseudo-clergyman, but who would regard the fictitious medical man rather with sympathy than otherwise, and would, perhaps, consider him only as the victim of persecution. The analogy of the pretended medical man with the fictitious lawyer holds good still less than the case of the fictitious clergyman; for the Law has the right to punish any of its members for improper conduct, or to exclude from practice any person whom it may deem disqualified, and juries have nothing to do with the matter. Again, any man pretending to practise as an attorney, not being one, would be at once detected by magistrates, judges, coroners, &c., and the mischief nipped in the bud; but in the case of the Medical Profession, the poor, the ignorant, and the helpless, have no protection at all against the quack, who injures their health or drains their pockets, and who is allowed by the law to practise his nefarious arts with impunity. We confess, however, that we think the existing laws are sufficient to meet many cases of illegal practice which are now unpunished, and that magistrates are grossly negligent of their duties in not putting the laws in execution. In certain recent cases it has been clearly proved that persons have been practising Medicine illegally under assumed names, and that this has been done for the purpose of gain; and yet it is found that the fact of their assuming names and titles which do not belong to them (instead of being, as we should imagine, an aggravation and a proof of their guilt) is an argument used by the perverted ingenuity of a certain class of lawyers to insure the escape of the delinquents from justice. We therefore hope, both that the existing law may be stringently put in force, and that the Medical Act may receive amendment where amendment can be safely made; and we wish success to Dr. Burrows and his colleagues in the difficult task that lies before them.

PHYSIOLGICAL AND PSYCHOLOGICAL POINTS IN THE "MÜLLER" CASE.

The guilt of Müller has been so abundantly proved by the circumstantial evidence, that there was none of that conflict of evidence which often makes a criminal trial an object of scientific interest, as well as one of vulgar excitement. But there are one or two points which deserve attention in a scientific light, but which have been hitherto little noticed. The fact that Mr. Briggs wasmurdered, or nearly so, then robbed, and his body thrown out of the railway-carriage, in the space of about three minutes, is clearly established; and yet, if such a statement had been made in a novel, it would have been received as a gross exaggeration and a relation of an event which never could have happened. Those who are in the habit of slaughtering the lower animals would find great difficulty in accomplishing their task in so short a period, and even a rat or a cat could hardly be so rapidly dispatched. It is most probable that the unfortunate gentleman was asleep when the attack was made upon him, as otherwise the murder would seem to have been physiologically impossible. As for the psychological peculiarities of Müller, they form a perfect study for the contemplation of the metaphysician; for the criminal appears to combine in his mentaal constitution the ferocity of the tiger, the silliness of the monkey, the stealthiness of the cat, and a little, though very little, of the craftiness of the fox. How a person of such a boyish aspect, and apparently so feeble in physical construction, could have conceived and executed so horrible a crime, is perfectly marvellous; and the astounding folly he displayed afterwards, in furnishing the evidence for his own detection and conviction, is as extra-

ordinary as the coolness and even jocularity he has repeatedly exhibited since his apprehension.

A CASE OF DEATH UNDER MYSTERIOUS CIRCUMSTANCES.

The inquiry to which we referred last week, under the above title, was resumed and concluded by Mr. Langham, the deputy-coroner for Westminster, in the board-room of the Westminster Hospital, on Friday last; and after hearing some more evidence, which, however, threw no additional light upon the case, the Coroner said that "it would be hardly possible to exaggerate the importance of the inquiry or the difficulty of coming to a satisfactory conclusion with regard to it. Although the fall which it was proved the deceased underwent in the park might have caused some of the injuries, yet it did not follow that all of them were thus occasioned. He would not waste time by considering the suggestion that the fatal injuries were received after the deceased was bailed out at the station, as the facts and the evidence conclusively negatived such a supposition. It might, then, be first assumed that the deceased was perfectly sober when he entered the park. The medical evidence was decisively given that the injuries were not the result of a fall, but of a fight or a very brutal assault. Now, it appeared improbable the fatal injury was the result of an attack made in open daylight, in the midst of the park. The medical evidence, conflicting enough on various points, agreed in this, that the injuries to the skull and brain had not been inflicted at the time the deceased left St. George's Hospital in the custody of Police-constable M'Farlane. Where, then, were they inflicted? M'Farlane led him along Constitution hill and Birdcage walk at seven in the evening. It seemed improbable to believe that that officer, who appeared to have behaved with kindness to his prisoner, could have inflicted them. Then came the period during which the deceased was in the police-cell. He was handed from the custody of one inspector and one constable to another, and all those men, when asked, after the usual caution, replied that they had not struck the deceased. But it should be borne in mind that the injuries were not such as could have arisen accidentally. The bruises were about the size of a walnut, and Mr. Hawken, the House-Surgeon of the Westminster Hospital, stated expressly that they were such as would be produced by the blows of a truncheon. If the jury were of opinion that the police had struck their prisoner, a defenceless, unprotected man, such repeated blows with a truncheon, it was his duty to tell them that such an act would be proof of such malignity of disposition that it would amount in the eye of the law to wilful murder. It was painful to arrive at such a conclusion with regard to the A Division of Police, which was the picked corps of the force. It would shake the confidence of everyone in the force; but if the evidence led to that conclusion, the jury should not shrink from its duty, but return a verdict of wilful murder against some person unknown. But if, in spite of the medical evidence, they should still think it possible that the injuries resulted from falls or an assault or fight in the park, then they should return an open verdict, to the effect that the evidence did not show how the deceased came by his injuries."—The jury returned the following verdict:—"That the deceased died from fracture of the skull; but that the evidence is not sufficient to prove how the fracture arose; and the jury are unanimously of opinion that the surgeons of St. George's Hospital ought to have kept the deceased in that institution, and not to have given him over into the hands of the police." [It is very much to be regretted, for the credit of St George's Hospital, that no further medical evidence was adduced in explanation of this case; and we cannot help observing, in the absence of such evidence, that the censure conveyed by the jury was not altogether undeserved.]

GENERAL CORRESPONDENCE.

BEST MODE OF CHLOROFORM ADMINISTRATION.

To the Editor of the Medical Circular.

Sir,—The utmost delicacy in handling the patient, or assisting him if about to vomit, when under chloroform, must be observed. this statement, apparently trivial, cannot be repeated too often. I have known and seen the struggling chloroform victim caught, in order to steady him, by the back of the neck, and if he vomited and stained the dainty waistcoat of the student, anathematised in no picked or enlivening phrases. I have seen this, in old times, at Guy's, the "London," the more disciplined "King's" or St. Bartholomew's—in fact, wherever students very much or most do congregate. It is all wrong, and for this reason such a patient is like a person in a dream—if you *suggest* vomiting, he'll vomit; if, on the contrary, you assist him, raise his head with the utmost gentleness, and take care not to suggest vomiting. If you fan him with a lady's fan a little, and go on with the chloroform—if the precaution has been taken that he has had no *solid* food for three hours before the operation, the chances are a hundred to one against his vomiting. I now think the vomiting is merely part of the excito-motor struggling of the muscles—a struggle, in a word, of the muscular fibres of the stomach and diaphragm—and the struggle is part of the dream, and the dream is very much the result of rough handling of the patient or letting his head hang over the edge of the table, when he dreams of falling down a precipice and struggles to avoid falling, &c.

I have often known this miserable effort to vomit come on exactly at the critical point of ovariotomy operation. "Can't you prevent her straining?" the operator imploringly asks; or it is a cataract or iridectomy case and a softened "vitreous" may be lost. You can stop the effort of the stomach to vomit if you have had some practical experience of chloroform, but not if you trust to mere theory or book knowledge. A "sister" at one of the hospitals will often put up a fracture, or dress a stump, better than many or all of our book lecturers, theorists, or fashionable M.D.'s; so is it of this rule-of-thumb knowledge of chloroform, that saves a cataract or ovariotomy case from ending in dismay by vomiting.

This "consciousness," abolished for a time by chloroform, I often think, is like a castle of cards, or the flame of a candle long burning which suddenly goes out in the middle of your work—with dismay, blindness, death, convulsion, coroner's inquest, charge to the jury blaming the medical man, stereotyped abracadabra about Marshall Hall, and fatty heart, and the infallibility of Snow's apparatus or the wisdom of some chloroform quackery—a candle-flame gone out; but by this rule of thumb, if you know what you are about, you may puff it in again, or failing that, if you have an electric battery, the chances are ten to one you restore life.

But what if you are trusting to the one abracadabra and legends of coroners; what if, in place of exciting the respiration and, through it, empty the chambers of the heart—the only mode of saving such cases; what if, in place of puffing in the candle-flame, you dip it in water, wick and wax—paralyse the heart by applying electricity to it—because the Medical Journals, eleven or thirteen years ago, recommended it? Yet this is exactly the state of the case at present.

In a conversation with my excellent friend Professor Simpson, of Edinburgh, the discoverer of chloroform (who was in London to hear the late "Introductories"), he agreed with me as to these and various points as to chloroform. Two million doses of chloroform a-year are sent out by Duncan and Flockhart alone, and yet some journals pretend chloroform is going out of fashion.

Sir Benjamin Brodie, in the last hours of his life, said, "Oh, if the Profession would only study the nature of pain, or realize it, or value some means of lessening it!" Just so. And this is what chloroform does; but it meets the same opposition as did iridectomy, or ovariotomy, or vaccination.

The Emperor of the French has just given 50,000 francs to a man for improvements in electricity ; the greatest of these, I think, is the fact, that the special action of the induction current, so valuable in drowning and chloroform accidents, is exactly similar to the old frictional electricity. A special "tension," according as the current is interrupted, is obtained, whereas there is no tension in the common pile. "But except amongst conjurors and illegitimate practitioners," says Duchenne, of Boulogne, "electricity makes little way in England." My friend Dr. Althaus, however, quite agrees with me as to its value in chloroform accidents, and partly demonstrated it to the late committee of the "Medico-Chirurgical Society," the report of which fails to recognise the great value of the discovery.

I am, Sir, &c., CHARLES KIDD, M.D.

Sackville street, Oct. 25.

MEDICAL TRIAL IN SWITZERLAND.

A trial has just been proceeding before the Assize Court of Berne, in Switzerland, which has some points of resemblance to the La Pommerais case, which made so much noise in Paris some months back. One of the accused parties is Charles Hermann Demme, Doctor of Medicine, practising at Berne, and the author of several treatises on Military Surgery. The other, Sophia Elizabeth Trümpi, the widow of Gaspard Trümpi, of Glaris, merchant and banker, also of Berne, is charged with being the accomplice of Dr. Demme in the murder of her husband.

It appears that on the night of the 15th of February last Gaspard Trümpi died at his country-house at Vabren, in the neighbourhood of Berne. The day following his death rumour got abroad that he died by his own hand, and in consequence of this and of another report, that Trümpi had met with foul play, the Prefect—a functionary named by the Grand Council or the election of the people and Council of State, and whose duties are to inquire into all the crimes and offences that may be brought to his knowledge—opened an inquest, and called upon Dr. Demme, as the family physician of the deceased, for a report of the circumstances relating to Trümpi's death. The report was sent in by Demme, who declared that the circumstances which he had observed in the case showed that the death was not owing to any extraordinary cause, but that Trümpi had died from an apoplectic stroke. The Procureur-General of Berne ordered a post-mortem examination by two experts—namely, Dr. Charles Emmert, Professor of Legal Medicine, and Dr. Kupper, both of Berne. The experts were unable to find any outward signs of a violent death. As the head of the deceased had been previously opened by Demme, it was not possible to detect marks of violence on that part ; the experts accordingly proceeded to search for traces of poison in the organs that remained intact. The intestines were removed and put into vessels which were sealed, and handed over to two chemists, MM. Fluchiger and Schwalbach. The result of their experiments was the discovery of the presence of over ten grains of strychnine, a quantity more than sufficient to cause death ; and the physicians who made the post-mortem examination concluded in their report that the death of Trümpi was the result of that poison. The Prefect transmitted the report to the College of Health, or Medical Commission, whose duty is to examine the reports of experts, and who in criminal cases like the present have superior jurisdiction, and required them to see whether from all the circumstances death had been occasioned by others, or was the act of the deceased himself. The College of Health, before coming to a decision, transmitted in turn the report to the experts employed by the Prefect for their opinion. The experts rejected the notion of accidental death ; neither would they admit the supposition of self-murder, and they declared that there was every probability of a crime having been committed by others. As it was ascertained that Dr. Demme had been alone in the house of the deceased the night he died, and moreover that a criminal intimacy had existed between him and Madame Trümpi, the authorities considered themselves justified in issuing their warrants for the apprehension of both parties. In consequence of the suspicion that the poison may have been administered during the operation for an abscess two days before death, the body was disinterred, and the abscess and other parts extracted and submitted to chemical experiments. The experts found in them no trace of poison. The medical questions were again discussed before the College of Health, who came to the conclusion that the poisoning was not accidental, that there were, however, some grounds for believing in suicide, and that as to whether death was the result of a crime committed by others, they declined giving an opinion, it not being within their competence, but that of the judicial authorities. It was finally resolved, on the fifth of last month, that the case should be sent before the Assize Court, and left to the jury to pronounce on the guilt or innocence of the parties.

The attention of the Court was particularly directed to certain points set forth in the bill of indictment by the Procureur. Demme had been the family physician of the deceased. He was, on the nights of the 14th, 15th, and 16th, by the bedside of the sick man, who was suffering from a tumour in the groin. Demme opened the tumour on the 14th, and he remained alone with Trümpi up to the moment of his death. The causes assigned by Demme for the death were not the same in the report he sent in to the Prefect of Berne as in that which he drew up for the Procureur. In the one apoplexy was stated to be the cause ; in the other he attributed it to strychnine ; and besides this serious discrepancy he suggested certain causes which neither the experts nor the College of Health could accept. Several allegations on the part of the accused, bearing upon the essential points of the affair, were equally inadmissible. Moreover, his manner of acting as physician during the illness of Trümpi laid him open to the gravest suspicions. Madame Trümpi confessed that improper intimacy had subsisted between her and Demme both before and after the death of her husband ; that Demme had many times urged her to leave her husband and accompany him to some foreign country ; that she and her husband had lived on very bad terms ; and that on one occasion Trümpi had thrown a lamp at her which occasioned the loss of an eye. In the preliminary examination she made certain statements which she afterwards retracted. In her depositions she tried to dissipate the suspicions which rested on Demme. While in prison her manner was that of a person whose conscience was ill at ease, and she attempted more than once to lay violent hands on herself. In addition to these circumstances was the fact of the marriage contract between Demme and the daughter of Madame Trümpi, which took place after the death of the father, doubtless with the view of removing from the public mind the suspicions which the intimacy between the accused had raised. Nevertheless, the Procureur could not but admit that there were some circumstances in the case indicating suicide. Several witnesses deposed that they had heard Trümpi declare his conviction that his death was at hand. He was also known to have uttered menaces of suicide ; and the depression to which he was of late subject, in consequence of losses in business which had nearly ruined him, lent probability to this view of the case. The Procureur also admitted that the indictment he had framed was neither substantial nor precise ; and that he quite agreed with the Criminal Court that it was expedient to add nothing more, but to rest the whole case on the documentary and oral evidence that would be laid before it. It was stated, besides, that the accused had in other respects borne a good character, and that this was the first time either of them had appeared in a court of justice.

In reply to the President's questions, Demme stated that M. Trumpi was a man of light character, but that Madame Trumpi was a good sort of person. The marriage was not happy. Trumpi frequently got intoxicated, and in that state was violent and brutal. In the spring of 1863 M. Trumpi having expressed suspicions on the nature of the relations between him (the prisoner) and Madame Trümpi, explanations were given, and accepted as satisfactory. Already, at that time, M. Trümpi had talked of

committing suicide ; he even bought pistols for the purpose, and, but for the prisoner's persuasions, would have then destroyed himself. With regard to a voyage in the East made by M. and Madame Trümpi in company with him (prisoner), he stated that he went at their request and paid his own expenses. During the voyage Trumpi was frequently very morose, and behaved strangely. On one occasion he wanted his wife to take a certain powder to cure a cold, but she refused, fearing it was poison. Trumpi afterwards told him that he had purchased some very active poison while in the East. With regard to Trumpi's last illness, the prisoner stated that it was of syphilitic origin and attended with excruciating pain, to remove which opiates were prescribed. Of course, Madame Trumpi had never been apprised either of the nature of the disease or of the remedies employed. On the day before his death Trumpi had been in great pain, followed by vomiting, after which he slept quietly. He denied that he was alone in the sick man's chamber on that day. At night he was about to return home, but Trumpi would not hear of his going, and implored him to stay, saying "Pray do not leave ; none but you can save me!" He accordingly consented to stay.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 20th inst. :—John Dawson, London Hospital ; George Jones, Goswell road, E.C. ; Benjamin Locking, Coltman street, Hull ; George Oliver, Bourne, Lincolnshire ; Martindale Cowslade Ward, Markham square, S.W.

As an Assistant :—William John Smith, Northampton.

Glasgow Medical Society.—The fifty-first annual meeting of this society was held in the Faculty Hall, St. Vincent street, on Tuesday evening, when the following gentlemen were elected office-bearers for the session 1864-65 :—President : Dr. James Morton. Vice-Presidents : Drs. G. H. B. Macleod and J. G. Wilson. Treasurer : Dr. R. Perry. Secretaries : Drs. W. R. Hatrick and Maclaren.

The National Medical Registration Society.—We understand that it is the intention of the members of this Association to invite Mr. Lavies to a public dinner for the purpose of showing their sympathy and regard for the valuable services he has rendered, not only to the Association, but to the Profession, during the long period he held the office of president and treasurer. He has had to contend against debts and lawsuits, which have entailed upon him no ordinary amount of pecuniary loss and anxiety. It is confidently expected that every member of the Association will embrace this opportunity to honour one who has done his duty towards them, and is besides universally respected by his brethren of the Profession. The dinner is announced for the 23rd prox , at the Freemasons' Tavern ; W. Fergusson Esq., F.R.S., will take the chair. The dinner will not be confined to members of the Association. Those gentlemen who wish to be present may communicate with the hon. sec., W. Adams, Esq., 37 Harrington square ; Dr. Lillie, South Lambeth ; or Jabez Hogg, Esq., 1 Bedford square.

Anatomy and Medicine in the East.—From the last general report on public instruction in the Lower Provinces of the Bengal Presidency, which has just reached England, Dr. Norman Chevers, the Principal of the Medical College, states that the number of bodies dissected during the year amounted to 1,112, an extraordinary fact when it is considered that only a few years ago a native gentleman lost caste by touching a dead body. The total number of in and out-door patients who received relief at the hospital and in its dispensaries during the year amounted to 30,700, exclusive of the very large number treated in the Eye Infirmary. In the European general wards there occurred 184 deaths, or 9·69 to be treated ; in the native wards there were 684 deaths, being 28·33 per cent. to be treated. Dr. Chevers concludes his interesting report by stating that in March last his Highness the Maharajah of Jyepore, a native prince of great enlightment, who is very earnest in advancing medical education in his own State, after having visited the College, was so pleased with it that he munificently presented the sum of 1,000 rupees "to be devoted to any purpose the managers of the institution may determine."

Human Bones found at Pompeii.—In a paper addressed to the Academy of Sciences, M. de Luca adverts to the process successfully adopted at Pompeii, for obtaining casts of the persons who lost their lives at the time of the eruption which caused the destruction of that city. We will merely remind our readers that as that eruption consisted of stones and ashes, the fugitives, after falling down in a state of suffocation, were covered by the ashes, which settled on all the minutest folds of their garments and every part of their body. This coating of ashes hardened in course of time, and the flesh wasting away under it left a hollow mould, into which the explorers of the present day, when they are fortunate enough to discover it in time, pour liquid plaster, and thus obtain an exact cast of the body. The number of casts thus taken is four, and M. de Luca has presented the Academy with their reductions in plaster, executed by a clever artist employed at Pompeii. In a chemical point of view the bones found at Pompeii do not all present exactly the same composition, but contain all the principles to be met with in the bones of the present period. On being heated in a stove at a temperature of from 100 to 120 degrees, they lose about 9 per cent. of their weight, which represents the moisture contained in them. At a red heat, and protected from the air, the bones become black, and lose 16 per cent. more ; if calcined in the open air, the loss is 20 per cent. The coal obtained in a closed crucible disappears in the shape of carbonic acid. The total quantity of the latter varies between 4 and 9 per cent. In testing the bones with concentrated sulphuric acid for the purpose of ascertaining the quantity of carbonic acid aforesaid, the glass tube in which the operation is performed exhibits signs of corrosion, which is owing to a certain amount of fluoride of calcium contained in all these bones. M. de Luca states that, when found, they are somewhat soft, and after being treated with weak acids their organic matter, cartilage for instance, remains in a gelatinous state, preserving all the time their primitive shapes.

Medical Provident Fund.—The first meeting of the Board of Directors of the Medical Provident Fund was held at the Freemasons' Tavern on Thursday, October 20. Present : Dr. Richardson in the chair ; Dr. Armstrong (Gravesend), Dr. J. M. Bryan (Northampton), R. B. Carter, Esq. (Stroud), Dr. Chevallier (Ipswich), John Clay, Esq. (Birmingham), Dr. Collet (Worthing), Edward Daniell, Esq. (Newport Pagnell), Dr. L. E. Desmond (Liverpool), Dr. Falconer (Bath), Dr. Fayrer (Henley-in-Arden), T. Taylor Griffith, Esq. (Wrexham), Dr. Latham (Cambridge), Charles F. J. Lord, Esq. (Hampstead), Thomas Paget, Esq. (Leicester), T. Heckstall Smith, Esq. (St. Mary Cray), Dr. A. P. Stewart (London), Henry Veasey, Esq. (Woburn), Dr. E. Waters (Chester). The Chairman reported that the contributions to the Guarantee Fund amounted to 344*l.* 13s., of which 133*l.* 18s. had been paid. The money had been placed at interest in the Union Bank. He wished to take the opinion of the meeting as to the application of the Fund. After some discussion, it was moved by Mr. Smith, seconded by Mr. Paget, and carried—"That the preliminary expenses be at present drawn from the Guarantee Fund, to be replaced from the General Fund as the Board of Directors may hereafter decide." Dr. Westall was appointed Honorary Treasurer *pro tempore*, and Dr. Henry Secretary for the ensuing three months. Mr. Paget moved, and Dr. Stewart seconded—"That the following gentlemen constitute an Executive Committee, to draw up rules and regulations for the government of the Provident Fund, and to submit the same for approval and adoption by the Board of Directors :—The Chairman, Dr. Westall, T. H. Smith,

Esq., Dr. Armstrong, C. F. J. Lord, Esq., Dr. Falconer, J. Clay, Esq., Dr. Fayrer. The Chairman to convene the members of the Committee, and to have a casting vote. Three to be a quorum." The resolution was carried. It was proposed by Mr. Clay, seconded by Mr. Griffith, and carried—"That the Executive Committee be instructed to print the rules and regulations when determined on, and to circulate the same among the Board of Directors a month previously to their next meeting." The Chairman said that, before the Executive Committee commenced their work, there were certain points on which they ought to be instructed by the whole Board now assembled. He would limit such instructions simply to questions that were of the largest professional interest, and respecting which he had received most inquiries. He would first take the opinion of the meeting on the point, whether the benefits of the fund should cease at sixty years of age. After a long discussion, the following resolution was proposed by Mr. Paget, seconded by Mr. Fayrer, and carried unanimously—"That the directors, sharing in the general desire to extend the benefits of the Fund beyond sixty years of age, specially instruct the Executive Committee to examine into this point, with a view to such extension; and to embody their decision in their report." The Chairman then asked for instruction on the point whether the Fund should be applied to cases of disability from accident as well as from disease. Ultimately, the following resolution, proposed by Mr. Daniell, and seconded by Dr. Chevallier, was carried unanimously—"That the Committee be instructed to include accidents in their rules as a part of the benefit scheme." The next subject discussed was the question whether or not the Fund should be confined to members of the British Medical Association, or open to the Profession at large. Mr. Carter moved—"That the directors instruct the Committee to make rules for the admission of members of the Profession generally." Mr. Carter, in moving the resolution, urged that it would be a great injustice to the Profession generally to limit the benefits of the fund to members of the Association. There were many professional men of small income who would be most anxious to join the fund, but who could not afford to join the Association also; and some might subscribe to both for a time, and afterwards leave the Association. But it would not be just to ask them to forfeit what they had paid to the fund because they chose no longer to belong to the Association. He further stated that, if the fund had not been started by the Association, it would have been commenced by himself and several other gentlemen with whom he had been in communication; and that although, finding the Association was about to take up the same question, and seeing that it had special facilities for carrying out the scheme, he had deferred to it, he still considered that the plan should embrace in its organization the Profession at large. Such extension would, he believed, increase the number of subscribers to the fund, and do good rather than harm to the Association. The motion was supported by Mr. Daniell and Mr. Paget, and after considerable discussion the resolution for extension was put and carried unanimously. The next subject discussed had reference to instruction to the Executive Committee in respect to the question whether, relief should be granted to members suffering from partial disability from disease or accident. Dr. Latham proposed, Mr. Clay seconded, and it was carried—"That there be no system of partial relief introduced into the regulations of the Provident Fund." It was next discussed, whether by payment of multiple premiums, members should be allowed to insure so as to secure, during sickness, proportionately increased benefits. Dr. Waters proposed, and Dr. Fayrer seconded—"That, for the first two years from the commencement of the Society, no member be allowed to subscribe more than will entitle him to receive 2*l.* a week when incapacitated by sickness or accident." After some other votes on matters of minor interest, and the usual vote of thanks, the proceedings closed.

A MEDICAL CANDIDATE FOR A SEAT IN PARLIAMENT.—Mr. Mitchell Henry, lately one of the surgeons of the Middlesex Hospital, has issued an address to the electors of Woodstock. We print the following extract from his address to the Woodstock electors:—"By hereditary descent, by education, and by natural habit of mind, I am a consistent liberal and a friend to rational progress. My father, the late Mr. Alexander Henry, member for South Lancashire, was well known and tried, when liberal principles were not so popular as they are now, and when they were not disguised under the name of moderate conservatism. For myself, I am independent of all party ties, have leisure to serve you in Parliament, and an ardent desire to advance the good cause. I am in favour of the widest extension of civil and religious liberty; of the abolition of all oaths that fetter men's consciences; and of economy in the State, which alone can be obtained by abstaining from irritating and needless interference in the affairs of foreign countries, whereby England is always kept, as it were, on the brink of war. I am also in favour of an extension of the franchise so as to widen the basis of the Constitution, and thus to act in political life and in the Government of the country on the precept of doing to others that which we would they should do unto us. You yourselves have answered the question as to church-rates. I am a sincere member of the Church of England, but confess myself unable to see how the cause of Christianity is to be advanced by compelling men to support an establishment from which they conscientiously dissent. . . . . I have not seen any satisfactory proposal for the compromise of the church-rate question, and I believe that the total abolition of such rates will do more to strengthen the interest of the Church, by removing from her the odium of persecution, than any other measure whatsoever. If Churchmen really value their Church, they will gladly support her, more efficiently than she has ever yet been supported, when once the burden has fallen where it ought to rest, upon the shoulders of the members of our own communion. Thus, gentlemen, I have laid before you openly and fairly my opinions on some of the chief topics of the day, and I am prepared to answer all your inquiries on the spot. The issue rests with you. The stake is a high one, and worthy of your utmost exertions, for not only one, but the whole people of England are interested in the question whether or not in the case of Woodstock the close borough system and the dictation of ages past shall now receive an effectual blow. It matters comparatively little who becomes your representative, provided the choice is your own, and in this great issue all minor differences should be merged. You may easily find a more able member than I can hope to become, but you will not find one who will serve you with more diligence and singleness of purpose.—I have the honour to be, gentlemen, your faithful servant, Mitchell Henry.—Stratheden House, Hyde park, London, October 24. 1864."

HYDROCELE OF THE HERNIAL SAC TREATED BY THE IODINE INJECTION.—Mr. Velpeau, if we are not mistaken, is the first surgeon who has ventured on treating hydrocele of the hernial sac in the same manner as hydrocele of the tunica vaginalis. He originally adopted this practice in congenital hydrocele, after having ascertained the fact that iodine injections do not induce suppuration in serous cavities. He, of course, dreaded the passage of the injected fluid into the abdomen; but by pressure exercised on the crest of the pubes, so as to close the inguinal duct M. Velpeau has been able to perform the operation very frequently, and without accident. When hydrocele of the sac is present in omental hernia, no alarm need be felt on this score, because the inguinal duct is obstructed by the omentum. This very year, M. Velpeau unhesitatingly performed the injection in a case of the kind; the patient was a man of twenty-five, who had been admitted into the wards for a tumour of the scrotum, the diagnosis of which appeared at first somewhat doubtful. The tumour was equal in size to the head of a full-grown fœtus; it was situated below the outer ring of the left inguinal duct, into which it penetrated; no pain was present, the colour of the skin was unchanged, and the mass was soft, fluctuating, opaque, entirely unconnected with the testicle, which was plainly discernible at its posterior and inferior region, and did not expand during cough or effort. The absence of transparency might have suggested the existence of hematocele, had the part suffered any pre-

vious violence. On inquiry, it was ascertained that for fifteen years the patient had borne a hernia, for which he was in the habit of wearing a truss; but this appliance became unserviceable ten days before his admission into hospital, and the tumour, which was reducible in part, had suddenly acquired considerable size, without, however, giving rise to any of the symptoms of strangulation. Reduction was attempted, but a portion only of the mass was returned into the abdomen, the remainder forming the tumour about which the surgeon had to form his opinion. The circumstances above enumerated clearly pointed to epiplocele; but omental hernia assumes different characters. The sac may contain merely a portion of omentum, or also an intestinal convolution, or a certain amount of sanguineous effusion. The distinct fluctuation observed in this case left no doubt as to the presence of fluid. The intestine had returned into the abdomen, and the sac was filled with omentum, and a serous fluid tinged with blood extravasated during the attempts at reduction. The diagnosis was confirmed by the results of the operation, which was performed after an interval of six days. A certain amount of serum tinged with blood escaped through the canula, and the sac was then found to contain a flabby, inelastic, irregular mass, formed by a portion of omentum, and probably fixed in its position by old adhesions. All further uncertainty being thus dispelled, M. Velpeau immediately injected the solution of iodine, as in a case of common hydrocele. On the following day, slight local inflammation set in, attended with an unimportant amount of feverishness; but these symptoms yielded to the application of an evaporating lotion. After an interval of three weeks, the scrotum recovered its natural size, and the patient was dismissed, with strict injunctions to wear uninterruptedly a well-made truss; he was further encouraged in the hope that a radical cure might possibly follow if the bandage was carefully and properly applied. The parietes of the sac may, in consequence of the inflammatory action induced by the injection, become attached to the omentum—a contingency promoted by the pressure of the pad—and permanent obliteration of the passage may follow. This result cannot, of course, be predicted with any degree of certainty, because the obliterating plug has been in some cases forced out by the intestine, and a fresh hernia has taken place; but it is within the limits of possibility, and the surgeon should neglect no means of promoting so desirable a termination.

Out and Out Gluttons.—A case of self-destruction singular at least as to its cause, occurred lately in the suburbs of Paris. The unfortunate suicide was a stone-digger, a native of Lyons, who was afflicted with bulimy, or insatiable hunger. His earnings being altogether insufficient to satisfy his enormous appetite, though he ate scarcely anything but bread, his fellow-workmen used to contribute towards his support; but, wearied with thus burdening his friends, and worn out by his sufferings from the presence of tænia, which aggravated his hunger, he at last came to the desperate resolution of hanging himself, and succeeded in effecting his purpose. The annals of Medicine record many instances of this disease, both in ancient and modern times, but the most remarkable case of late years was that of a woman named Annie Denise, who died in Paris only a few years since. This unfortunate person was afflicted with bulimy from infancy, and while still a young girl used to devour as much as 10lb. of bread daily. Though not in indigent circumstances, she was twice arrested for stealing bread to satisfy her hunger. She was at length admitted into the Salpêtrière, and placed under the treatment of Drs. Esquirol and Amussat, but to no purpose, for she left the Salpetrière as voracious as ever. Her hunger varied in intensity: at ordinary times she could manage with 12lb. of bread per day, but for three or four months of the year she would eat from 20lb. to 24lb., and for ten consecutive years her appetite was greatly aggravated in spring. On one occasion when she had thought of keeping Good Friday a fast day, she ate more than 30lb. of food in twenty-four hours. As she advanced in years her appetite became depraved; he took a liking to grass and flowers, especially butter-cups, which she would gather and eat an immense quantity. To relieve the colics caused by this unnatural food she used to drink brandy, of which she became inordinately fond, and at last died a few hours after taking a whole litre at once. When on her death bed and unable to take food, she begged her sister to come and eat near her, and her last words were—"Since it pleases God that I shall eat no more, let me at least have the pleasure of seeing you eat." It is a remarkable fact that on a post-mortem examination her stomach was found to be exceedingly small, while her liver was unusually large, and all her other viscera quite sound and of normal size.—'Galignani.'

APPOINTMENTS FOR THE WEEK.

Wednesday, Nov. 2 — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Mr. Curling, "On a Case of Cancer of the Rectum, relieved by making an Artificial Anus in the Loin;" Obstetrical Society of London, 8 p.m.—Dr. Eastlake, "On the Management of the Third Stage of Labour;" Dr. Wade (Birmingham), "On a Case (Puerperal) of Embolism of the Pulmonary Artery."

Thursday, Nov. 3. — *Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Prof. Wanklyn: "Isolation of Electro-Negative Radicle Voleryl."—Messrs. Graham, Stuart, and Baker: "Existence of Nitrogen in Steel."—Mr. W. Baker: "Concentration of Nickel in Lead by Pattinson's Process."—Prof. Church: "Effects of Ignition on Garnets, &c.," and "Colouring Matter of certain Rocks;" Harveian Society, 8 p.m.—Dr. B. Squire, "On the Diagnosis between Syphilitic and Non-Syphilitic Diseases of the Skin."

Friday, Nov. 4.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, Nov. 5.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, Nov. 7.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, Nov. 8.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Elements of Materia Medica, containing the Chemistry and Natural History of Drugs, their Effects, Doses, and Adulterations. By Dr. William Frazer. Second Edition. London: John Churchill and Sons, New Burlington street.

Photographs (coloured from Life) of the Diseases of the Skin. No. III.—Papulæ. By A. B. Squire, M.B. Lond. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

Mr. Griffin, of Weymouth, requests us, for the information of the Poor-law Medical Officers, to give insertion to the following paragraph from a letter sent by a Poor-law Inspector (W. H. T. Hawley, Esq.) to the Southampton Board of Guardians, which proves that the subject of "Expensive Medicines" is under the consideration of the Poor-law Board:—"I shall also be obliged if you will obtain from the Guardians "an opinion as to whether expensive medicines, such as "quinine, cod-liver oil, &c., should be supplied by the "Guardians, subject to the orders and regulations of the "Poor-law Board, or whether the Medical Officer should supply those articles, and make a special charge for them."

THE Report of the meeting of the Harveian Society is unavoidably postponed until next week.

DR. KIDD'S letter is inserted.

THE HARVEIAN SOCIETY OF LONDON.—The notice is inserted.

THE MEDICAL PROVIDENT FUND.—The Report has been received.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

	£	s.	d.
G. M. Phillips, Hitchin	0	10	6
G. T. Smeatham, Great Missenden	0	5	0
D. Rice, Esq., Southam	0	5	0
William Allison, East Retford	0	10	0
C. P. Mann, Cosford	0	5	0
Amount previously announced	89	9	6
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Oct. 26, 1864.

THE OBSTETRICAL SOCIETY OF LONDON.—The notice has been received.

MR. R. B. CARTER AND THE BRITISH MEDICAL JOURNAL.—Mr. Carter has addressed the following letter to the above Journal :—

"SIR,—I am anxious to place before the members of the British Medical Association a letter on the subject of the Journal, containing the facts and arguments on which I should rest a motion that will be brought forward, by myself or some other, at the next annual general meeting. The motion will be directed to the suppression of the Journal as at present conducted ; and it is my wish that the associates should have the question brought under their deliberate consideration before the meeting takes place. In order to state my views fully and clearly, I might require to occupy three, four, or five pages ; and my object in writing to you is to inquire whether you would insert a letter of such length, written with such an object, sufficiently early to allow it to be read and considered by the members before the meeting at Leamington. I shall therefore be glad if you will inform me in an early number—1st, whether you would print such a letter at all ; and 2nd, whether you would print it within a month of receiving the copy ? If your answers should be in the affirmative, it would probably be four or five months before I should act upon them. But I wish to know whether space and time are at my disposal. It appears paradoxical to ask any journal to assist in its own extinction ; but the 'British Medical Journal' is in an exceptional position, and is the best channel for addressing the members on a subject that must interest all of them. I have therefore determined to state the nature of the communication that I wish to make, and to ask whether it will be admitted into your pages.

"I am, &c., "ROBERT B. CARTER.

"Stroud, Gloucestershire, October 22nd, 1864."

[The editor of the 'British Medical Journal' publishes the letter, but declines to give categorical answers to the questions put by Mr. Carter.—ED. MED. CIRCULAR.]

INQUIRER.—It is assumed—and, indeed, suggested—by some of the penny papers, that the victims of the "Manly Vigour" quacks are the debauched and dissolute members of society, whereas it often happens that they are young men of exemplary character, who have, perhaps, never gone astray in their lives, but who erroneously regard certain natural phenomena common in youth, as the indications of disease. This mistaken view is not only encouraged, but mendaciously asserted, by the quacks ; and thus the young and the innocent are first persuaded that they are diseased, and are then fleeced of their money by the promise of a cure for a malady which never existed. It is very probable that Captain Clarke belongs to this class ; and public gratitude is due to him for the course he has lately pursued.

LECTOR.—Carbolic acid is a product of the distillation of coal-tar, and chemically is a hydrate of the oxide of phenyle, being analogous in composition to an alcohol. Its properties are very similar to those of creosote, for which, indeed, as being more cheap and more easily obtained, it is often substituted in commerce.

DR. D. L.—At Oxford, the medical aspirant must take the degree of B.A. before beginning his medical studies. In London, no medical student can now be registered who does not bring evidence that he has passed a Preliminary Examination.

Urine.—Dr. Harley will commence his WINTER COURSE of DEMONSTRATIONS on URINE and URINARY DEPOSITS, for Medical Practitioners, on FRIDAY EVENING, NOVEMBER 4th, at 8 p.m. Fee, 2*l.* 2*s.* The Class meets once a week, and Instruction is practically given in the Application of the Microscope and Chemistry to the Diagnosis and Treatment of Disease.
Physiological Laboratory, University College, October, 1864.

Mr. G. Hind, F.R.C.S., has resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M. and 6 to 8 P.M.).

Dotesio's Dépôt, 95 Regent street, Quadrant, For the Sale exclusively of the fine Bordeaux, Burgundies, Champagnes, and Cognacs of France, in their pure natural state.
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TESTIMONIALS.

"TWINBERROW'S 'DOUBLE-ACTION (Syphon) SYRINGE' is the most generally useful Instrument of the kind with which I am acquainted. For the more ordinary purposes it is specially well fitted, being COMPACT, PORTABLE, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement the Instrument may be rendered available as an EYE-DOUCHE, an EAR SYRINGE, and for WASHING OUT THE BLADDER. For these purposes it is peculiarly well adapted, being continuous in its action. —JOHN ERICHSEN, Professor of Surgery at University College, and Surgeon to the Hospital."

"I have seen and made use of your DOUBLE-ACTION SYRINGE, and think very highly of it.—WM. FERGUSSON, Professor of Surgery at King's College, and Surgeon to the Hospital."

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N.B. A perfect fit guaranteed.

OPENING OF THE SCOTCH AND IRISH SCHOOLS OF MEDICINE

FOR THE SESSION 1864-5.

UNIVERSITY OF EDINBURGH.

On Tuesday, Nov. 1, most of the classes in the University of Edinburgh were opened for the winter session, and the Professors of the Faculties of Arts, Law, and Medicine delivered introductory lectures to their several courses, it having been arranged, this year, that the classes should be opened for a fortnight before the introductory address is delivered by the Principal, Sir David Brewster. There was a large attendance at the various classes; and though no classified returns of the numbers of matriculated students have yet been compiled, it is believed that the numbers will bear favourable comparison with those at the corresponding date last year.

Introductory Lecture by Professor Spence.

At ten o'clock, there was a crowded attendance in the Surgery Class-room, for the purpose of hearing the introductory address by Professor Spence, who was recently appointed to the Chair of Surgery.

Professor Spence said: I would seek, as introductory to the course of lectures I begin to-day, to direct your attention to a brief review of the history of the Edinburgh School of Surgery—a school which has acquired a high and distinctive character, but which presents some peculiarities. In the course of its slow progress at first, and rapid rise in later years, we shall, I think, find matter for instruction. So far back as 1505, in the first charter of the Corporation of Surgeons, there was a provision made "that we have onis in the yeir ane condomposit man after he be deid to mak anatomea of, quhairthrow we may haif experience—Ilk ane to instruct athers,"—and from the researches of Dr. Gairdner we learn that for upwards of two centuries the Corporation of Surgeons had occasionally caused dissections to be conducted in terms of this charter. In 1694, Alexander Monteath, a member of the College of Surgeons, instituted a course of instruction in anatomy. The College improved upon and systematised this instruction. Next a Professor of Anatomy for the city was elected periodically, by the College conjointly with the Town Council, to lecture in the Theatre of the College, and this City Professorship in the person of Alexander Monro terminated in the institution of the Chair of Anatomy, and the transference of the City Professor to this University. The second condition in the early medical school is, that whilst chemistry, theory and practice of physic, and botany were gradually added to the anatomy, surgery, as a distinct subject, was *not* taught; and even so late as 1777, when the College of Surgeons petitioned the patrons to institute a separate Professor of Surgery in the University, they were opposed by Monro, then Professor of Anatomy, as interfering with his subject, and he succeeded in getting his commission altered, so as to include surgery, which was made a mere adjunct of the anatomical course in this University. The last feature which I shall mention, and perhaps the most peculiar in regard to the Edinburgh school in contrast to the other schools I have spoken of, is, that until 1729, when the surgeons and physicians opened a house for the reception of poor patients, no hospital existed in Edinburgh; and the Royal Infirmary, which has now obtained so widespread and well-deserved a reputation for the benefit it has conferred both on the suffering poor and on medical and surgical science, was not founded until the year 1736. Here then we have a school in which anatomy, the basis of all surgical science, had been taught regularly from a very early period; and yet in this school little advance had been made, so that not only do we find no works emanating from it, but that until a comparatively recent period surgery was not even taught as a separate subject. Now this may teach us a lesson, that, however valuable and important any one science, its true value consists in its being an applied science. Anatomy is indeed all important as the foundation of surgery, but we must use it as a foundation, and raise the superstructure on it, and not content ourselves with merely laying the foundation. Important and interesting in itself as a natural science, to the student of medicine and surgery the true value of anatomy is as a means to an end—the great end we have in view, of curing disease and alleviating human suffering,—and it is quite possible to possess a knowledge of anatomical facts without being able to apply them usefully. Then as to the want of systematic oral instruction in surgery, that is so very obvious a cause of retardation of surgical progress that the question naturally suggests itself, what could be the reason that whilst other branches of medical teaching were superadded to the anatomical lectures, surgery was not amongst them? The answer to this is not far to seek. I think it will be found in the last peculiarity I mentioned of the early medical schools of Edinburgh, namely, the non-existence of a great hospital; for if we look to other schools, we shall find that they all rose around hospitals. This alone seems sufficient to explain why surgical lectures were not given, and why surgical science made little progress; for without that field for the observation and study of surgical diseases, and that experience which a hospital practice alone can give, lectures compiled from, and representing merely the opinions of others, and the current doctrines of the day, almost untested by the lecturer, would be but cold and lifeless, and little calculated to advance science. Teachers and taught alike could feel but little interest or enthusiasm in a subject in which their field of observation and practice was so limited. I would now turn to the more pleasing phase of our Edinburgh school of surgery—namely, its rapid development, the high position to which it soon attained, and a brief notice of some of the great men to whose labour that development and distinction are mainly due. There can be little doubt that the institution of a hospital in Edinburgh, and the system of clinical instruction, did more than anything else to constitute it a great medical school; and the influence of this on surgery was soon apparent in directing more attention to the subject. Monro, the Professor of Anatomy in the University, who had been an active promoter of the hospital, delivered occasional clinical lectures on the surgical cases, and though not himself an operating surgeon, yet from his great fame as an anatomist gained a high reputation as a consulting surgeon. These lectures in the hospital, and the more practical character which his hospital observations gave to his ordinary lectures, speedily interested others in the subject. The early arrangements of the hospital, by which all Fellows of the College of Surgeons were entitled to act in rotation, though not the most judicious, not the plan best fitted to raise up great surgeons, nevertheless had at least this effect, that it forced the necessity of studying surgery upon all, and hence gave it more general interest. The fruits of hospital observation and experience gradually led to the cultivation of surgery as a special subject, and attracted to it the attention of men of talent, who, emulating what had already been done in medicine and other departments of science, in raising the fame of our city as a seat of learning, soon gained for Edinburgh surgery also a high and distinguished place. Amongst the earliest of those whose names are connected with the

Edinburgh school as a writer on systematic surgery was Mr. Benjamin Bell, who practised about 1772, and whose system of surgery, in seven volumes, still forms a standard work in our surgical classics. But perhaps the man to whom we owe more than any other for having given an impetus to Edinburgh surgery both by his practice and his writings, and stamping it with his own bold and distinctive characters, was Mr. John Bell. *He* was no ordinary man, but a great surgical genius, of great natural talents, and imbued with that enthusiasm which is a mark of genius, and which does so much to create enthusiasm in others. He devoted himself from the first with indomitable perseverance and energy to study his profession so as to take a high place in it, and to advance it. Possessed of a taste for literature and the fine arts, an accomplished draughtsman and etcher, possessed also of great tact and a keen perception of the ludicrous, he seems to have bent all this varied talent to one great end—the elevation of the science he so loved. His lectures on surgery, which he commenced in 1786, were highly esteemed and largely attended. His fame as a surgeon attracted patients from all quarters to Edinburgh, and hence drew attention to this school. His great work on the principles of surgery, unlike many of the works of the present day, was only published after he had ceased to lecture, and after he had enjoyed such an amount of experience as falls to the lot of few. It is an epitome of the man, of his energy of character, of his varied knowledge, and descriptive power. It is no mere system of surgery, for John Bell was scarcely the man to plod on writing in regular system. It is a series of monographs on some of the most important subjects of surgery, written by a man who only wrote when his heart was in the work, and whose graphic pen makes every sentence instructive and memorable. He is a great word painter. With the exception of Macaulay and Carlyle, I scarcely know of any writer who so identifies himself, and leads his readers to identify themselves, with what he is describing. How he interests us in his cases by his mode of narration, and by associating them with collateral circumstances! What student of surgery is likely to be seduced from simple treatment of wounds who reads his vivid description of, and criticism on, the case of that unfortunate French duellist doomed to be treated "secundum artem," by having a cord pulled through his chest twice a day to insure the deep wound healing properly. What a description of the symptoms and ravages of hospital gangrene, and its causes, in his account of the state of Yarmouth Hospital after the battle of Camperdown; and what a melancholy episode in the history of Duncan's great victory is that pen-and-pencil sketch of the poor boy Joiner, of the Triumph, slightly wounded by a splinter during the battle, but dying from the then terrible scourge of hospitals, an evil which the writings of Mr. Bell did so much to remove. This is a book for all time. I do not, indeed, bid you look into it expecting to find all the advancement of modern surgery; but I bid you look there for the spirit and enthusiasm which are the sources of all true advancement. I grant that my favourite author has his faults; that he is, perhaps, somewhat severe and sarcastic, and not always just in his criticisms of others; that his brilliant descriptions of great operations sometimes lead to exaggerations; but, after all, they do not mislead us. When he speaks, for example, of a bold free incision, two feet long, in a space the longest axis of which could scarcely measure one foot, we do not try to solve the problem as one in the exact sciences; we understand it as a specimen of hyperbole, meaning a very free incision indeed. John Bell's work, in truth, is occasionally the very romance of surgery; and if, to enhance the interest of some subject, his genius colours it rather highly, we must allow him somewhat of poetic licence; his style is more enthusiastic than exact. He might, with advantage, give a caution to his readers, like our great Scottish romancist in his 'Marmion,' and say in regard of details—

> "Such things in chronicles are writ.
> Go! seek them there and see;
> Mine is a *tale* of Flodden Field,
> And not a *history*."

Besides this, his great work on surgery, Mr. Bell was the author of a system of anatomy: a treatise on wounds: a series of plates of the anatomy of the human body, drawn and engraved by himself. Nothing indeed is more astonishing, as exemplifying the energy of the man, than his literary labours, and that, engaged as he was in the anxious practice of consulting and operating surgeon, with a large amount of professional correspondence, and mixing so much, as he did, in society, he should have found time to produce so many great original works. But I must bid him farewell, and I always do so with regret. I feel that to his works I am indebted for imbuing me with some small portion of his own enthusiastic love for the subject, and for sending me back to the old surgical lore, to learn much that is valuable even in the light of modern science. I recommend his writings to the advanced student, as tending to excite a love for his profession; and I repeat, without detracting from the merits of the many great men who were his contemporaries, or who have followed him, that as an original thinker, a powerful writer, and a great practical surgeon, John Bell stands out pre-eminent, as having excited the spirit which stimulated the advance of surgery in Edinburgh, and impressed it with the distinctive characters of simplicity in treatment and simplicity and boldness in operating. From the beginning of the present century the Edinburgh school took a high place in advancing surgical science, and has produced so many good practical surgeons that the very "embarras des richesses" makes it necessary to select. At first the advance in surgical teaching was outside the University, where, with the exception of the nominal connection of surgery with the Chair of Anatomy, surgery was not taught. In 1803 the Regius Chair of Clinical Surgery was created, but was, as then instituted, a very peculiar class, all the more so that clinical teaching in medicine had been long one of the great and most valued features in the Edinburgh school, and its fame in this department depended upon the fact that it really was clinical instruction; but, in regard to clinical surgery, as at first instituted in this University, it was an admirable example of the play of 'Hamlet' with the part of Hamlet omitted, for the great characteristic feature of all true clinical teaching—the bedside visit, which enables the teacher to point out to the student what to observe as to the nature and progress of the cases under his care—was omitted. The professor had no patients, indeed, under his own charge, but lectured on those of the surgeons of the hospital, and hence we not unfrequently enjoyed the opportunity of hearing two opinions as to the nature and treatment of cases—one from the acting surgeon at the visit, and the other from the clinical professor in the lecture-rooms. When I myself first commenced my medical studies, the Surgical School of Edinburgh was represented by such an amount of surgical talent as was hardly to be found elsewhere, and not likely to be met with again. When I mention the names of Liston, Lizars, Syme, and Ferguson, I feel sure you will agree with me that I have not said too much. Of these, two have passed away, and two remain. Of the two still spared to us, I will not speak further than to say that the one is the honoured occupant of the Clinical Chair in this University, which he has so long adorned—a man of world-wide fame, who has done much for Scottish surgery. The other is the Professor of Surgery in King's College, the representative of Edinburgh surgery, and one of the first surgeons of the first city of the world. The name of Robert Liston needs no panegyric. It would be a strange review of modern surgery in which his name did not find a foremost place. In Scottish surgery I think it holds *the* foremost place. I may perhaps speak strongly, and with the partiality of an old pupil, but I speak after some experience and after testing the principles he taught. As a bold and cool and dexterous operator, I have scarcely seen his equal. His very pre-eminence in that department has led to his being often spoken of merely as a great operator, but he was at least equally great as a scientific surgeon. His great power in diagnosis, the wonderful faculty he possessed of perceiving as if by intuition the true nature of a case in all its bearings, and adopting adequate measures for its treatment, were such as are rarely to be met; and in the general

treatment of his cases, his success as skilful practitioner was quite as remarkable, to those who carefully followed his hospital visits, as were his displays of unrivalled dexterity in the operating theatre. As a lecturer he had no pretence to eloquence, but he was one of the most instructive teachers I ever listened to. His style was by no means verbose. His short, somewhat abrupt, sentences were like aphorisms, full of meaning, always to the point, and easily remembered. As a writer, his earlier works on the surgical anatomy of hernia, and on stricture of the urethra, bear evidence of research and original observations, whilst his system of surgery, and his later work on practical surgery, embodying as they do the results of his great experience, must always hold a high place amongst our standard surgical authors. Fortunately for himself and for surgical science, his fame as a surgeon led to his being called to fill the Chair of Clinical Surgery in University College, London. There his talents soon gained him the highest place amongst the surgeons of the metropolis, and rendered the then recently erected medical school of University College one of the most popular in London. In some respects he now ceased to be connected with the Edinburgh school, but truly he was its representative man, and vindicated for Edinburgh surgery a high position, and gradually introduced its teaching into England. The characteristics of Liston's surgery were clear and definite views in regard to diagnosis, and discrimination when and in what cases to operate; simplicity in dressings and surgical apparatus; care in planning operations; and coolness and dexterity in operating.

IRELAND.

LEDWICH SCHOOL OF MEDICINE.

The introductory lecture for the session of 1864-5 was delivered by Dr. William Moore, M.R.I.A., at the school, Peter street, at twelve o'clock, before a numerous audience. Dr. Moore, in the course of his address, referred to the anomalous position of the military surgeon. I am not about, he said, to go over in detail the numerous grievances of which the medical officers of the army so justly complain, but will give you a general outline, which may serve our present purpose. The army surgeons say, that a warrant granting them certain rank and other privileges has not only been curtailed, but in many important points completely nullified by the military authorities. This warrant was issued in 1858, then comes a code of regulations in 1859, and another royal warrant in 1861, antagonising and rescinding, to a great extent, the privileges conferred in 1858. Well, the consequence of this policy is, that the medical service of the army is, and for a considerable time past has been, one-third under its legitimate strength. Not only do young men decline to enter the service as surgeons, but men who have served long and faithfully in every clime are leaving the service, when their experience and judgment would be invaluable. Further still, we find the heads of institutions which have heretofore been mainly instrumental in educating surgeons for the service, and men who have themselves served, dissuading pupils from selecting the army as their sphere. It cannot be a matter of surprise that young men of education and members of an honourable calling decline to enter on a career where their proper official position is not recognised, as happens on court-martials and on other important occasions. Again, on the question of leave—every officer gets his two months' leave of absence at home, with a corresponding allowance after a certain term of foreign service. Not so with the medical officer; he can claim no leave by right or otherwise, and this has been naturally felt as a great hardship, surgeons spending years continuously in the most pestilential climes without a month's reprieve. As regards the fiscal condition of the medical officer, he is appointed to a regiment, and of course bears his part of the usual expenses; other officers can sell out, he cannot, although the sum he has spent in qualifying for his appointment may be double that of the commision of an ensign, who can realise at will, the retirement of the surgeon at best securing an allowance miserable in the extreme. Now, when we consider for a moment that the medical service of the army should be composed of men of scientific attainments, the educational cost of which must be expensive, to say the least of it, it is rational to think that the pay of the surgeon, as also the retiring allowance, should be increased, else the military service must cease to compete with the other channels now opening for duly qualified medical men. These and other such like grievances forced themselves on the attention of the late Lord Herbert of Lea, and eventuated in the issue of the warrant of 1858 already referred to, but which has been ignored, as I have shown you, in most of its main features; however, this policy seems at length to have worked out its own cure, by keeping back from the service the best men. The late Sir B. Brodie, Mr. Ferguson, Mr. Paget, in their evidence before the Royal Commission, gave it as their respective opinions, that the inducements to enter the service were not sufficient to attract good men; yet, in the face of all this, the boons promised in 1858 have proved to a great extent chimerical. No one can tell how soon the horrors of war may be entailed on us, both by sea and land, yet our authorities, so far from encouraging, have absolutely discouraged men of education from joining their service, by rendering their position disagreeable and abhorrent. Skilful men have been so affronted by regulations and warrants, by combatant and non-combatant distinctions, that they refuse to enter the service *in toto* or leave it in disgust. It must be some consolation for a wounded soldier or sailor to feel that, under any circumstances, a brave heart and educated hand will dress his wounds, or soothe his path towards the dark valley; and this is well exemplified in the surgeon who, with a steadfast and humane purpose in view, in the midst of the fiercest fire, is intent on saving the lives of those committed to his care. As a verification of this fact, we have only to look at the monument at Netley, to no less than sixty surgeons who lost their lives whilst gloriously performing their duty during the Crimean war. And in a recent 'Gazette' you may read, how her Majesty has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross, for acts of bravery in New Zealand, on Assistant-Surgeon William George Nicholas Manley, who, during the assault on the rebel pah, near Tauranga, New Zealand, on the 29th April last, most nobly risked his own life in his endeavour to save that of the late Commander Hay, afterwards volunteering to return and look after more wounded, and being one of the last to leave the pah. Also on Assistant-Surgeon William Temple, whom, I am proud to say, was educated in this metropolis, and with whom I had the honour of being acquainted. This latter gentleman, during an assault on the enemy's position at Ruguiri, in New Zealand, on the 20th November last, crossed the Maori keep, at a point where the enemy had concentrated their fire, with a view to assist the wounded, at the imminent peril of his own life. Thus, the highest distinction in the gift of the Crown for gallant deeds has been won by two heroes in the discharge of duties which, in the eyes of the present administrators, meet with but little appreciation. Many men, during excitement, will perform an arduous or hazardous duty who would be incapable of performing an operation, such as tying a bleeding artery, or amputating a limb under imminent personal danger; yet, as I have said, these are the men whom the military authorities refuse to treat liberally. However, there is one grievance occasionally complained of, which does not seem to me worthy of such an epithet—I refer to the complaint of "non-recognition of social position" Gentlemen, rely upon it, "social position" is not to be obtained by Acts of Parliament, warrants, or such regulations—it is a quality of a man's own making. We see daily men born to the highest social position descending to the lowest scale, whilst, on the other hand, those starting in life with no such hereditary appanage, by their consistent conduct and bearing, step into the front rank. It remains for me only to express a hope that ere long the Medical Department of the

Army will be treated in a manner more in accordance with its merits. At present, the colonies, turn where you will, open a field for you which, with industry and perseverance, will bear fruit more abundantly than the public services, whilst at home the work is equally arduous, and extending over a longer time, till an enviable position is attained. Still, we cannot shut our eyes to the fact that, almost daily, active men in the prime of life are carried off by some fatal scourge, leaving their families comparatively, if not wholly, unprovided for. This follows as a natural sequence, when we consider the remuneration which is extended to the medical officer, his annual income, in many instances, barely sufficing to support and educate his family. Such a state of things is deplorable in the extreme. But what must be regarded as even more trying is the case of a man after long services prostrated by some chronic disease, which incapaci ates him from performing his public duties, the result of which is immediate supercession, without present or future recompense. However, we find the Poor-law Board seems inclined to hold out greater inducements, by gradually increasing the remuneration of its medical officers; and if the pressure from without is steadily kept up, I have little doubt that, sooner or later, retiring allowances will be granted for long services, as we find in the cases of other civil servants under the Crown.

CATHOLIC UNIVERSITY SCHOOL OF MEDICINE.

The inaugural address for the session 1864-5 was delivered by Professor R. Lyons, M.B, T.C.D., in the presence of a crowded assemblage of gentlemen, lay and clerical, and the students of the University medical schools.

Dr. Lyons said that eight years had elapsed since he had delivered an opening address from the place which he now occupied, and since then the success which was anticipated by the friends of the Catholic University School of Medicine had been more than realised. A total of eight hundred students had passed from the benches before him to positions in the public service in its various departments. Some of these gentlemen bore with them the name of their school of medicine with honour to every clime and region. Others settled down to the onerous duties of their profession at home, both in the metropolis and in the provincial districts of Ireland. The learned lecturer proceeded to point out the geographical character of diseases, or rather to show the countries and latitudes in which peculiar forms of disease were most prevalent or nearly altogether confined. The name of disease was legion, and a staple state of health could only be maintained for a short period. He impressed on his young hearers the necessity which existed for their becoming conversant with the nature and character of the diseases in the various parts of the world to which their professional duties in after life might lead them. With the aid of a large map he pointed out the countries in which various maladies were most prevalent. He said that ubiquitous diseases were not numerous, but they were to be met with everywhere. Wherever men went to fix their habitations they found scarlatina, measles, and small-pox, and the ordinary whooping-cough following in the track of these affections. He traced the cause of the prevalence and malignity of several diseases in different countries to climate and to geographical peculiarities, such as great heat acting on moisture and florid vegetation, &c. He dwelt with much ability on the character of fever in its various types, and when speaking of the yellow fever remarked, that in late years it had lost to a great extent its endemic character and spread its ravages from out the latitudes to which it had been generally confined. He dwelt with great force on the erroneous opinion that length of residence inured persons to the diseases of a locality. This opinion was found to be opposed to fact. Men who went to an unhealthy climate took with them a stock of health which was spent in proportion to the time they resided in the unhealthy locality, and it was now the recognised practice in the public service to send men to dangerous stations only for three years—this being the time fixed for the coast of Africa, the West Indies, and parts of the East Indies also. The learned gentleman, after having disposed of the portion of his subject principally having reference to the forms of disease met with in foreign countries, directed attention to the maladies of these regions. He referred to statistical tables, in which the amount of mortality in England from zymotic diseases, in the year 1845, were shown to be 164,812; and after alluding to the diseases prevalent in Ireland, he commented on the beauty and fertility of the country and to the fact that. in physical and moral development, its people had not been surpassed by any on the face of the globe, but still there was no country more remarkable for diseases of a fatal character. From the most ancient times records had reached us of great epidemics in Ireland, first appearing in the lower animals and from them extending up to man. Having commented on the epidemics which proved most fatal in Ireland in bygone and recent periods, he said that the population of this country passed through a phase of existence within the past three hundred years not known of elsewhere. Scarcely a quarter of a century elapsed without some great epidemic making its appearance, and at no time were these epidemics more fatal than in the century now passing. Fever in the famine year 1847 carried off 200,000 of the population, and also in that year 100,000 of the people of Ireland died of dysentery. The learned gentleman referred to the census tables taken of Ireland on the nights of the 5th of April, 1851 and 1861, with the view of showing the state of the health of the population at both periods, and when alluding to the number of persons returned as "blind, deaf mutes," insane and idiotic, he said that their number were much greater in proportion to the population than in Belgium, Holland, France, or the United States. Although the people of Ireland had reached to the highest state of physical development, still the peculiar circumstances under which they lived, from political, social, and other causes, the numbers labouring under the afflictions to which he had referred were in Ireland greater in proportion to the population than in any country in the world. He spoke to the evil influences on the public health of the city arising from bad sewerage, and directed attention to the premature decay to be observed amongst the labouring section of the population, which he attributed to a want of proper sanitary regulations, particularly defective sewerage, and stated that the recent returns showed that mortality was not decreasing, as 21 deaths from zymotic diseases occurred in the city during the past week. He alluded to the filthy state of the Liffey attracting the attention of all strangers who visited Dublin, and said that which should be a pure and health-giving stream was nothing but an open sewer and the means of propagating and spreading disease. He was sure they would soon have a plentiful supply of wholesome water for the city, which would effect much good; and it would be most advisable to have public fountains erected for the poor in every street, lane, and alley. He had to express his regret that the School of Medicine of the University laboured under two deficiencies. The first was that they had not the power to give the students clinical instruction in fever, the attendance on which, in the course of their professional career, would occupy a great portion of their time and energies. In making these observations, he thought the sooner a great difficulty was made generally known the sooner it would be remedied. The second difficulty arose from the want of the means of giving the students clinical instruction in midwifery. Although they had a professor who had highly qualified himself to give them instruction, still they had no clinical wards, and this evil he (Dr. Lyons) trusted would be soon remedied; and it was necessary to have a place for the students to receive clinical instruction in midwifery where a Catholic professor would have head control. There was a great midwifery institution in the city, founded some years ago, but no Catholic could be a teacher in it; and it was necessary that lying-in wards should be established in connection with the School of Medicine of the Catholic University.

ORIGINAL COMMUNICATIONS.

NOTES FROM PRIVATE PRACTICE.

By Dr. G. de Gorrequer Griffith,

Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician to Deputy Inspector-General Dolmage at the Royal Small Arms Factory and at the Royal Military Clothing Depôt, Pimlico.

Case II.—Acute Anteflexion of the Uterus, the Dislocation occurring from a Leap.

Mrs. M——, aged about thirty-six, presented herself before me, and complained of excessive pain in the "lowest part of the stomach"; inability to walk without very great pain, which, also, almost entirely precluded the possibility of her even moving; a loss of power to empty the bladder, though she had a constant desire to go to the closet for that purpose, as well as to evacuate the bowels; a dragging sensation in the lumbar and sacral regions, which sometimes was increased to positive pain; also a sense of oppression in the chest as if a belt were drawn too tightly round the waist: there were, likewise, head ache, nausea, and a feeling of general discomfort. The patient had "become unwell" during the night of the day upon which the dislocation had occurred; and she stated that the appearance of the red discharge was preceded by a great increase of the "whites," an ailment that had been upon her for some considerable time.

On examination of her abdomen, I found the walls of that cavity loose, pendulous, and very much thinned, partly, no doubt, from the fact of her having borne many children and partly because of the general emaciated condition which obtained. Through these attenuated walls I could distinctly feel a tumour anteriorly—that is, in the vesical region—and of such a nature as to convey to the mind the impression that it was either a stone in the bladder pushing before and drawing after it that viscus, or else, was formed by a distended sacculus of a distended bladder. To the latter it bore more resemblance than to the former, since there was a certain degree of elasticity and yielding such as we would not have were a culculus the occasion of the condition I have described.

The symptoms were urgent. The pain had become excessive, the weakness had increased till it now amounted to complete prostration, and the woman "could hardly bear herself" owing to the general uncomfortableness. The sanguine discharge had ceased and had yielded place to a very profuse leucorrhœa.

I made the patient lie upon her left side; and when I introduced the finger into the vagina, I found that canal abundantly lubricated with the white discharge, very much more capacious than it is usually, its walls very loose and its length considerably diminished owing to an elongation of the neck of the womb and its subsidence or partial descent; the upper portion of the vagina was especially roomy and admitted the os and lower part of the cervix to move about freely; the os was patulous, its lips granular, and thickened in such a manner as to form a hard cartilaginous ring; above this the cervix was soft, and, as the finger was passed along it, the angle of curvature in its anterior wall could readily be ascertained. This angle was very acute, showing that, while the os and lower part of the cervix were fastened to a certain extent in their natural position, the fundus, enlarged and top heavy, had deviated from its normal situation and fallen forwards and then turned downward so as to form the tumor of which I have before spoken.

There was a general laxity of tissues, not alone of the muscular, but of all the tissues; and this relaxation seemed apparently to have extended itself to the vaginal and uterine ligaments, supports, and tissues, and to have involved them not a little. The os was so patulous that it admitted the tip of the forefinger without any difficulty. When, therefore, I found this to be the case, and that I could obtain a purchase upon the indurated cervical structure which I have mentioned as forming a kind of hard cartilaginous ring, I determined to use it for purposes of leverage, in order to effect the reduction of the dislocation. I made the patient alter her posture and assume the supine, with her hips elevated; and then passing the forefinger of the left hand as high up into the cervix as I could without occasioning much pain I managed by bending, the first joint upon the ring formed by the indurated tissue, to obtain the desired purchase, and to draw the cervix at first downwards and backwards so as to bring it as nearly as possible into a straight line; and in the next place, by acting with the right hand, the abdominal walls alone being interposed, I sought to restore the dislocated fundus to its natural position. After some little manipulation with the left hand in the vagina, so that I could by means of the forefinger in the patent os pull downwards and forwards or downwards and backwards the cervix, or push it up into the pelvis, at the same time that, with the right hand outside on the abdominal wall, I pushed the fundus upwards and backwards, I succeeded in obtaining the object I desired. The uterus was restored as nearly as possible to its normal berth and the urgency of the symptoms relieved. The woman then drove home; that night she was in scarcely any pain, and in a short time she was able to resume her duties.

During her rest at home she was enjoined to keep the supine position and to have the hips well elevated as she lay in bed, also to use cold water injections frequently in the day.

The lesion had taken place in the following way:—On the day previously to her presenting herself before me an accident had occurred to one of the workers in the Dépôt; a panic had ensued amongst the others employed, who, imagining that a fire had broken out in the building, ran in different directions to save themselves. This patient happened to be near an open window; in her fright she leaped out through it and came on her feet upon the ground which was some little distance from the window; immediately she fell upon her knees and "became doubled up with the pain." As soon as her feet met the ground she had experienced from the shock a sensation "as if something had given way or broken in her inside, and as if her womb and bowels were falling from her;" she had gone home from her work and had sought relief in fomentations, but had not obtained the ease she had expected.

To the subsequent history of the case I have already adverted.

9 Lupus street, St. George's square, Pimlico.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

Operations by Mr. Fergusson and by Mr. Wood.

Case I.—*Operation for Hare-lip in a Girl of about Fourteen or Fifteen Years of Age.*—The remarkable features in this case Mr. Fergusson noted to be:—That the patient was more advanced in years than is usual in the cases upon which he operates, since he prefers operating in infancy; that the fissure—which was in the left of the median line of the lip—was very wide, yet was not complicated with cleft in either the hard or soft palate. The causes of the wide gaping of the fissure were:—First, because the lesion had been allowed to remain for so long a time without being remedied, and, in consequence of this neglect, the muscles had been allowed full play upon the margins of the cleft, had drawn them more widely apart each time they had exercised their power upon them, and by this constant action had widened considerably the original fissure; secondly, because, from certain indications on the lip, it was not unlikely that an operation had been attempted upon a previous occasion, and, having failed, tended only to make worse what it had attempted to remedy.

Case II.—*Excision of the Elbow-joint.*—Mr. Fergusson exhibited this patient—a young, strong-looking man, and apparently in full health—in order to demonstrate the immense superiority of excision of the elbow-joint over amputation of the arm, even when the disease in the joint

was of so formidable a character as to threaten the safety of the entire limb, and to demand its removal in order to save life. This patient had presented himself at the dispensary with the arm not alone useless, but, far worse than useless, cumbersome ; excision was advised, and was performed three or four months since, and with what effect was now evident :—The man had a limb now, comparatively speaking, sound and useful, if not in all respects, certainly in very many ways, inasmuch as there was some power of extension and flexion, of pronation and supination ; and although, when at rest, the arm preserved an angle, the curve of which was about equal to a right angle, yet it would, after the lapse of a little time, be capable of lifting even very considerable weights, and also of carrying substances to the mouth.

There had been very extensive disease of the joint ; and it is worthy of notice, that the operation was done while the morbid action was in a state of acute activity.

CASE III.—*Removal of a Wen from the Scalp.*—The tumour, which was of a caseous, fatty, or atheromatous nature and soft to the touch, was turned out of its bed by having an incision made across it, through the integumental covering, whereby the handle of the scalpel was passed underneath, and so it was lifted from its berth at the same time that expulsive force was exercised upon it by compressing with the finger the skin or scalp which enveloped and surrounded it.

CASE IV.—*Warty Tumour on the Back of the Neck.*—The patient was a man aged forty-five. Mr. Wood remarked that the growth may have been originally a nævus, or of a nævoid character ; that it had been irritated, being situated in a place where the clothes were very likely to be constantly rubbing it and producing abrasion of its cuticular covering ; that, as a result of this constant irritation, it had taken on degenerative action, had passed through the several intermediate stages, until at length—from having been originally a benign growth—it had become one of the true malignant tumours, or at least, in disposition and ultimate tendency, very closely allied to that class.

The growth was about the size of the palm of the hand, of a dark red, or purplish colour ; was, as regards its surface, irregular and of a warty appearance ; it was not raised much above the surrounding skin ; its base was hard and firm, and became fined down as it commingled with the neighbouring structures ; there was mobility, but of a certain kind, and which showed that there was some attachment to the subjacent muscles. The entire mass had lately taken on rapid growth, and this fact was one reason for considering it to be, if not actually and at the time malignant, at least of a malignant tendency. Carrying the knife around the base of the disease, and at the same time sufficiently wide of it to prevent the possibility of leaving any of it behind, Mr. Wood excised the entire. The incision had of necessity to be comprehensive, not alone as regarded width, but also as to its depth, since the tumour had taken root downwards, deeper than was at first supposed ; in consequence of this extension downwards, Mr. Wood dissected away a portion of the muscle upon which the tumour rested, and with the fibres of which it was probably amalgamated.

PRESENTATION TO A SURGEON.—At the general annual meeting of the governors of the Preston Dispensary, an elegant piece of plate was presented to Mr. Howett, the surgeon of the institution. It was manufactured by Mr. Garrard, of the Haymarket, at a cost of 100 guineas. It was said by the chairman, J. Cooper, Esq., that the centre figures of Faith, Hope, and Charity might well be said to represent Fortitude, Prudence, and Perseverance, the virtues by which Mr. Howett was distinguished. It bore the following inscription :—"Presented to William Howett, Esq., Fellow of the Royal College of Surgeons, England, senior honorary medical officer of the Preston Dispensary, by a number of his friends, as a token of regard for the valuable services rendered by him to that institution during a period of nearly thirty years.—25th October, 1864."

REVIEW OF THE PERIODICALS.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY's seventh lecture in his "Course of Lectures on the Urine and Diseases of the Urinary Organs" opens the present number. The subject brought forward for consideration is phosphoric acid and phosphates in rickets, in diseases of the brain, spinal cord, bladder, and other affections : phosphatic gravel and calculi, their diagnosis and treatment. Renal phosphatic calculi arise either from the urine being abundantly loaded with phosphates, formed from the tissues containing them, or on account of the urine being secreted in an alkaline condition from abnormally alkaline blood. In addition to these agencies, there is, in the case of vesical calculi, another cause for the formation of calculi—namely, the diseased state of the bladder itself. Diseases of the digestive organs dispose very much to the formation of phosphatic and all other kinds of calculi ; but sometimes so severe are the gastric symptoms that they may altogether mask those dependent upon the presence of calculous concretions. The formation of a urinary calculus is due to some special local cause ; as, for the sake of example, the blocking up of a tube by blood, mucus, or effete epithelium. On the obstructing substance the urinary deposit rests, a nucleus is formed, and this becomes augmented into a stone. A calculus may engage a tube, and yet, when that tube becomes distended with fluid, it may permit the onward passage of the fluid, while it retains the calculus. When once a predisposition to stone exists, a calculus is quickly formed. Vesical phosphatic calculi are frequently consequent on vesical inflammation, the condition of the bladder inducing hypersecretion of mucus, the mucus taking on fermentive action, by which the urea is decomposed, ammonia evolved, and the phosphates precipitated. The plan of treating all phosphatic calculi in the same way is strongly deprecated, the pathological condition being the only true indication ; and that should be followed in each instance. When a stone forms in the bladder, it may be dissolved by administering the nitro-muriatic acid three times daily, after food, and by irrigating the bladder with the same acid. When the stone forms in consequence of debility, the strength must be supported ; when from abnormal alkalinity of the blood, that condition must be corrected by the use of the strong mineral acids : animal food must be given, and little, if any, vegetable. We must avoid pushing our treatment so far as to produce the opposite, that is, an acid state of the urine. This can easily be obviated by testing the urine from time to time.——Deputy Inspector-General HARE contributes an original communication "On the Treatment of Malarious Fever." The death-returns of the fever are given in the commencement of the article, and throughout the rest of it the history of the treatment is detailed.—— Dr. GILLESPIE writes on "A Case of Poisoning by the External Application of Iodine." The subject was an Indian lad, aged seventeen, who had become a patient from mumps, the sequela to a bilious remittent or Bombay fever.

When the acute stage of inflammation of the parotids had passed away, the remaining enlargement was painted with a very strong solution of iodine, the tincture having been rendered much stronger by evaporation. Five hours after the using of the paint, vomiting and purging supervened, and on the day following there were present all the symptoms of iodism in their severest form. Death occurred in about thirty hours after the application of the iodine. A post-mortem was made, and the examination showed that "the mucous membrane of the stomach was studded with small ecchymoses;" that "the small intestines presented similar ecchymoses;" the left kidney was atrophied, weighing only an ounce; bladder healthy, containing ℥iss. of urine, in which were slight traces of the iodine.

The 'British Medical Journal.'

Dr. Thudichum, in his 'Hastings Prize Essay,' describes the substance which he conceives to be the colouring principle of the urine, and which he has named "Urochrome." He thus describes the physical and chemical properties of this substance:—"On evaporation of a pure and neutral solution of urochrome, it remains in the form of yellow crusts. They are, however, not entirely re-soluble in water. It is easily soluble with a purely yellow colour in water, least in alcohol, more in ether, very dilute mineral acids, and alkalies. Its watery solution, on standing, even when precluded from contact with air, assumes a darker colour verging towards red, and becomes red at last. It next becomes turbid, and deposits flakes of resinous matter. This decomposition is effected more quickly by the agency of heat. When a yellow, somewhat acid, watery solution of urochrome, such as can be obtained without the employment of oxide of silver, is evaporated in the open air on the water-bath, it becomes covered with a red film of resinous matter. The fluid, on cooling, becomes turbid; but ultimately is cleared up by the deposition of more resin, which was dissolved in the hot fluid. The same acid watery solution, evaporated in a retort in a current of hydrogen, is decomposed. Resin is formed, which is dissolved in the acid liquid with a red colour; but falls down on cooling in the form of flakes. These under the microscope are seen to be composed of red non-crystalline granules. A highly acid, clear, colourless, stinking distillate passes into the receiver. The ultimate residue in the retort is syrupy, and remains so when repeatedly treated with water to remove resin, and re-distilled in the hydrogen current. Acids effect a similar transformation by mere contact, immediately by boiling. Hydrochloric acid immediately precipitates resin by boiling; but retains in solution much resin, of which the greater part is precipitated by the addition of water. Dilute nitric acid also effects this decomposition; but the solution cannot be concentrated, as can the hydrochloric acid solution. The hydrochloric acid solution, after evaporation of most acid and neutralisation of residue, does not yield the reaction for sugar with an alkaline solution of copper. Boiled with caustic potash and a little oxide of lead in solution, urochrome apparently undergoes no change; no sulphide of lead is deposited. From its watery solution, urochrome is precipitated by nitrate of silver as a gelatinous mass, entirely soluble in nitric acid; neutral acetate of lead throws down a white and flaky precipitate; basic acetate of lead, a buy or yellow coloured flaky precipitate. Acetate of mercury produces a yellow-fawn precipitate. Precipitation by this reagent is complete from neutral solutions. Nitrate of mercury produces a white precipitate, which, after boiling, becomes pale flesh-coloured; it is entirely soluble in nitric acid. The supernatant fluid assumes a pink colour." The following conclusions are grouped together by Dr. Thudichum under the head of "Results and Thesis":—"1. The colouring matter of the urine, to which the name of urochrome is given, is one of the most interesting compounds in the list of organic and physiological substances.—2. It can be isolated in a pure state; and then is yellow, easily soluble in water, less in ether, and least in alcohol.—3. When its quantity [in equal bulks of solution] is increased, its colour still remains purely yellow. Consequently, the hypothesis of Vogel, that the urine of healthy and sick persons becomes darker in proportion to the increase of colouring matter, is fallacious.—4. Under various processes of decomposition, urochrome yields a red resin, consisting mainly of uropittine [having the elementary composition $C^{18}H^{10}N^2O^6$, and of omicholic acid, mixed with small quantities of undetermined matters], black matter, uromelanine [having the elementary composition $C^{12}H^7NO^4$], and other products.—5. By a simple process, probably of oxidation, urochrome passes into a red colouring matter, urerythrine, which [sometimes] colours red the urine of disease, and any deposits of urates contained in it. Frequently, this oxidation is only effected after emission. The red colour may also be due to omicholic acid, which is a little soluble in ammoniacal salts.—6. The fœtor of decomposed acid or alkaline urine is due to the uropittine and omicholic acid, and substances derived from them. It may be increased by, but it is not primarily due to, carbonate of ammonia.—7. The urine of man contains an essential oil, which is volatile; has a strong, peculiar odour; a curious reaction with iron chloride; and yields a diagnostic pink reaction with nitrate of mercury on boiling.—8. Human urine also contains cresylic alcohol, which is obtained, along with urochrome, by one of the processes for its isolation.—9. One of the principal features of uræmia is the retention in the blood of urochrome. It is there decomposed, and yields uropittine and omicholic acid, which, circulating in the blood, vitiate all tissues, can be found in the crusts on the teeth, and their smell can be perceived in the breath and the perspiration.—10. When colouring matter is retained, the typhoid symptoms of uræmia are prominent. The treatment with acids, under those circumstances, has to be set aside, as promoting the retention of the poisonous uropittine and omicholic acid, and a treatment with alkalies has to be substituted. The skin must be purified by washing, and repeated perspiration induced, until the effluvia do not any longer smell of uropittine.—[11. From healthy human urine, neither indican, nor uroxanthine, nor any other substance yielding by decomposition with acids indigo-red and indigo-blue, can be extracted; neither does it yield indigo-red or indigo-blue by boiling with acids.]—12. Urochrome has no immediately apparent relation to the colouring matters of the blood or the bile. It is a derivate of albuminous matter, and the most essentially characterising ingredient of urine."

University of Edinburgh.—At the half-yearly meeting of the General Council held on the 28th ult., a report was given in on the subject of extending the session, stating that, after considering the various schemes proposed, the committee, by a majority, approved one for lengthening the session by making it commence on the 1st of October (instead of the 1st of November), and continuing till the end of April, with a vacation of three weeks at Christmas. It was on Dr. Lee's motion resolved, by twelve to seven, at the close of a long debate, to represent to the Court the undue length of the long vacation (six or seven months), more particularly in certain classes of the Faculty of Arts, and the desirableness of extending the present sessions; the attention of the Court being specially called to a scheme for dividing the year into winter, spring, and summer sessions, with thirty weeks of teaching in place of twenty-three, the summer session being made optional, but reducing the curriculum from four years to three if taken.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 9, 1864.

THE PROPOSED AMENDMENT OF THE MEDICAL ACT.

The opinions we expressed on this subject last week have been confirmed by subsequent reflection, and by the observation of the course of events. We then stated that the existing law in relation to Medicine was, in the opinion of some, already working a certain amount of good, and that, moreover, many of the offences now committed by pseudo-medical men were punishable by the ordinary laws of the country. Thus, if a person falsely represented himself to be a medical man, and by adopting that fictitious guise received money from the public, he would be clearly liable to the charge of obtaining money under false pretences, just as a person would be liable who represented himself to be a clergyman, or a solicitor, and received money in consequence of that false representation. For it must be observed that it is not an offence in law for a person merely to represent himself to be what he is not, but he must also be proved to have obtained money in consequence of that false assumption.

That the common law is competent to deal with such matters is abundantly proved by certain cases which are now pending before the judicial tribunals. In one case, for instance, certain persons are charged with an attempt to extort money under the threat of publishing a libel; and it makes no difference whatever that the alleged delinquents pretend to be members of the Medical Profession, for they would be equally liable to punishment if they belonged to any other class of society. Again, another person is charged with having obtained money under the pretence that he was a member of the Medical Profession, and that he was able to cure diseases; and here, we apprehend, the offence is also punishable under the common law. The Apothecaries' Act, too, is not repealed, and this gives the power to prosecute any persons who, not being legally qualified apothecaries, prescribe and supply medicines for profit and gain. How this Act is inapplicable to the prosecution of certain offenders of the advertising class is not very clear, until we take into consideration all the circumstances which render such prosecutions always troublesome and generally ineffectual.

The reasons why the existing laws are comparatively inoperative against Medical pretenders are to be found in the absence of a public prosecutor, in the contradictory judgments given by magistrates and even by the higher law authorities, in the ignorance and prejudices of juries in cases involving medical matters, and in the facilities afforded by the law itself for the escape of delinquents.

1. Although laws may exist, it is necessary that some one should put them in force; and this is usually only done when some one is personally aggrieved, or has money enough to go to law, or has some speculating attorney ready to bring an action for the sake of his costs. In the case of quacks, the victims are generally too much ashamed of their own credulity to expose it to the public, and thus the necessary evidence is wanting; and it is a much more safe game for a speculating attorney to bring an action against a respectable member of the Medical Profession for some real or imaginary injury inflicted upon a client, and trusting to the usual bullying of witnesses or perversion of facts on the part of some ingenious counsel.

2. The contradictory judgments given by magistrates and judges on points involving Medical law are disgraceful to the law itself and to its administrators, and they are calculated to deter persons from submitting any case involving questions of irregular practice to the legal tribunals. Here and there may be found a judge (and we would give an instance in the Lord Chief Justice of England) who takes a manly and straightforward view of a Medical question, and gives a bold and honest opinion; but we are guilty of no disrespect or untruth in affirming that several of the judges, and many magistrates, take only the narrowest view of such questions, and are guided chiefly by the quibbling interpretations put upon the laws by the hired ingenuity of attorneys or counsel. Hence, a plain question of whether A. or B. is guilty of an offence in pretending to be what he is not, and defrauding the public in his borrowed plumes, is obscured, in the mind of the magistrate, by a multiplicity of legal subtleties, which have the effect of frustrating the ends of justice and allowing offenders not only to escape, but to obtain a triumph over their opponents.

3. When we have noticed the baneful effects of the quibbling tendencies of the highest law authorities of the country, it is almost unnecessary to mention that the absurd and inconsistent decisions of juries are detrimental to the best interests of legitimate Medicine and favourable to the prosperity of quackery. Juries, of course, are not expected to know anything of law, and this principle is always carefully impressed upon them by the presiding judge; but with regard to medicine and surgery, or physiology, or psychology, they are as carefully instructed that they are fully competent to understand such matters, and to decide upon them. Hence it cannot be a matter of astonishment that they are easily led away by the addresses of ingenious counsel; and as the eloquence of the latter is readily to be bought by the quack fraternity, it is ten to one in general in favour of the empiric.

4. The law itself affords every facility for the escape of pseudo-medical delinquents, and the more rascally the latter are the greater are their means of escape. We take a recent case as an illustration; and we find a person advertising himself as a legally qualified practitioner, and by that pretence attracting patients to his house, and inducing them to pay him large sums of money. But an attempt is made to check this person's career, and for the purpose of evidence he is asked by a stranger whether he is the Dr. De Boots who advertises himself in the papers? Supposing the stranger to be a victim, he at once answers in the affirmative; but on being presented with a summons, he denies his own identity, and becomes Dr. De Shoes, or perhaps plain Mr. De la Blacke Guard, or what is more likely than all, he shades

off into Mr. Invisible Green. Now, as we remarked last week, this conduct would amount, in the eyes of any honest man, to an aggravation of his guilt; but it is actually adduced by counsel as a plea for his irresponsibility! And the counsel also, who has received his fees for defending Mr. I. Green, who is and who is not Dr. De Boots within the space of a few minutes, has the effrontery to declare that he does not know who his own client is! Here, then, is a specimen of the facilities afforded by the law for the triumph of rascality. Any honourable man in any other profession would at once say that he appeared for Dr. De Boots, or Mr. De la Blacke Gnard, or Mr. Invisible Green; but in the case we are supposing, the client first assumes a variety of names, apparently for the purpose of extortion and imposition, and then *his own paid advocate* declares his ignorance of the person whom he comes to defend! We need not say that he knows the name perfectly well, but the fictions of the law forbid the presiding magistrate from asking the counsel at once the name of his client.

Thus, then, we have shown that the law is theoretically competent to deal with irregular Medical practice, but that any beneficial results are frustrated by the culpability, or the negligence, or the ignorance of those who administer the law, or by the quibbles of the law itself. The necessity of some special legislation for our Profession is a question which we must reserve for another occasion.

SUMMARY OF THE WEEK.

MEDICAL MEMBERS OF PARLIAMENT.

The two gentlemen of our Profession who have already declared their intention of soliciting the suffrages of the electoral body at the next general election are Mr. Mitchell Henry and Mr. Alfred Smee. The former was lately one of the surgeons of the Middlesex Hospital, but retired from practice at a comparatively very early age, on attaining to the possession of an ample independence. Mr. Mitchell Henry is a very amiable man and a good surgeon, and if he had continued in the Profession would no doubt have achieved eminence. As an instance of the interest he took in social matters connected with Medicine, we may mention that he exerted himself some years ago in the most strenuous manner to procure a remission of a capital sentence, on the ground of insanity, for a wretched Italian who had committed a murder, but his humane exertions in the prisoner's behalf were unavailing. Mr. Henry solicits the suffrages of the electors of Woodstock on Liberal principles, and he is prepared to oppose the well-known local influences which prevail in that borough. Mr. Alfred Smee, though not so independent of his Profession as Mr. Henry, is yet sufficiently so to justify his aspirations to represent an English constituency in Parliament. Mr. Smee is well known in the world of science as the inventor of an excellent and efficient galvanic battery, which bears his name; and his scientific researches justly procured for him, at a very early age, the Fellowship of the Royal Society. It must be admitted, putting the battery out of the question, that some of his speculations in science have exceeded the fair bounds of legitimate logical deduction, and his zeal in theological matters has lately involved him in considerable personal trouble and expense. He issues his address to the electors of Rochester, and professes his sentiments to be those of a Liberal Conservative. For ourselves, it matters nothing whether the Medical candidates are Liberals, or Conservatives, or Liberal Conservatives, or Conservative Liberals; but we heartily wish them success in their parliamentary aspirations, and we hope that, if successful, they will, in the House of Commons, fight the battle of our Profession, which stands sadly in need of some active combatants in the Halls of the Legislature.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. XXVI.

FERRUM REDACTUM.—Reduced iron is always prepared by passing a current of dry and pure hydrogen over peroxide of iron, which is heated to redness. The hydrogen unites with the oxygen of the oxide to form steam, which escapes; while the iron is left in a finely-divided metallic condition.

The Pharmacopœia directs the oxide to be put into a gun-barrel, and the latter to be passed through a furnace. The hydrogen is generated by the action of diluted sulphuric acid upon zinc. Before entering the gun-barrel, the gas is made to traverse a wash-bottle containing oil of vitriol, and then a tube eighteen inches long, packed with minute fragments of chloride of calcium, by which means the hydrogen is rendered perfectly dry. Supposing the materials from which the gas is obtained are perfectly pure, this is all that is necessary; but if any sulphur or arsenic be present in either the zinc or the acid, it is advisable to wash the gas with solutions of acetate of lead and nitrate of silver before drying it, for otherwise those impurities will be retained by the iron and contaminate it. After traversing the gun-barrel, the gas should be made to bubble out through a little water. The close of the action may then be judged of by observing whether the gas bubbles through the water at the same rate that it does through the wash-bottle of sulphuric acid. When this is the case, the fire should be removed and the current of gas continued until the barrel is cold.

The success of the process depends on the proper management of the heat: if this be too little, the oxide will not be thoroughly reduced; if, on the contrary, it be too high, the iron will be granular instead of being in an impalpable powder. The principal impurity of reduced iron is magnetic oxide, the presence of which is due to imperfect reduction. The presence of this oxide, however, is recognised by the Pharmacopœia, as, in the Materia Medica, reduced iron is defined as "metallic iron, with a variable amount of magnetic oxide of iron." It is described as a fine greyish black powder, strongly attracted by the magnet, and exhibiting metallic streaks when rubbed with firm pressure in a mortar. It dissolves in hydrochloric acid with the evolution of hydrogen, and the solution gives a light blue precipitate with the ferridcyanide of potassium.

The following is the test given by the Pharmacopœia for determining the amount of metallic iron really present. It

should amount to at least fifty per cent. Ten grains added to an aqueous solution of fifty grains of iodine and a like quantity of iodide of potassium, and digested with it in a small flask, at a gentle heat, leave not more than five grains undissolved, which should be entirely soluble in hydrochloric acid.

The iodide of potassium is merely used to effect the solution of the iodine; it is the latter which unites with the metallic iron to form the soluble iodide, while the magnetic oxide remains unacted on.

FERRI ET AMMONIÆ CITRAS.—This is one of the easiest of the scaling salts of iron to prepare; and the process of the British Pharmacopœia, if not followed literally, is capable of yielding a satisfactory result. Eight ounces of the solution of persulphate of iron are to be diluted with two pints of water, and then poured into an excess of ammonia; the oxide so precipitated, after being well washed, is to be dissolved in a solution of five ounces of citric acid in two pints of water. The liquid so obtained is to be made neutral by the addition of ammonia, and then "evaporated to dryness in thin layers on flat porcelain or glass plates." The method of obtaining the hydrated oxide of iron is very good, but the directions for effecting the combination of this oxide with the citric acid are absurd. Five ounces of citric acid will dissolve in a few ounces of water; why, then, are two pints ordered for the purpose? The only effect of so large a quantity is to weaken the solvent power of the acid and make a larger bulk of liquid for subsequent evaporation. The instructions for scaling the salt have been already sufficiently laughed at by practical men. In the small edition of the work the error has been admitted and a correction introduced; for we are there directed to evaporate the solution to a syrupy consistence before spreading it out on the glass plates.

This method of obtaining ammonio-citrate of iron is the best suited for a Pharmacopœia process, but it is not adopted by manufacturers who make large quantities of the salt. They find it more practicable to macerate iron filings or turnings with a strong solution of citric acid; a gentle action sets up, and after a lapse of time a citrate of iron is formed which, by exposure to air and neutralisation by ammonia, yields a very good product.

The compilers of the Pharmacopœia have ventured to assign a chemical formula to this preparation. Fortunately, they attach to it a note of interrogation, and thereby save us from the almost impossible task of preparing the salt twice exactly alike.

Ammonio-citrate of iron, like the other scaling salts, is not precipitated by acids or alkalies; hence its great value in medicine, the iron retaining its soluble condition throughout the alimentary canal. When boiled with a caustic alkali, however, it evolves ammonia and deposits oxide of iron. The Pharmacopœia directs that it shall leave by incineration 26·5 per cent. of peroxide of iron.

FERRI ET QUINIÆ CITRAS.—The Pharmacopœia process for obtaining this compound is somewhat long and intricate, and certainly not very good. It consists essentially in this:—Moist hydrated *magnetic oxide* of iron is to be prepared by precipitating a mixed solution of per- and proto-sulphate of iron by caustic soda; after washing, this is to be dissolved in a solution of citric acid; some recently precipitated moist quina is then to be added, and the whole digested on a water bath until the alkaloid is dissolved; the solution is lastly evaporated. The object of using magnetic oxide in the place of the ordinary peroxide is to obtain the peculiar golden green tint which this salt generally possesses as met with in commerce. The green colour is due to the presence of a portion of protoxide of iron. Commercial citrate of iron and quinine varies very considerably in the proportion of quinine which it contains. It is generally supposed to have present 25 per cent. of citrate of quinine, but the exact composition of the latter is not generally known. The Pharmacopœia, therefore, now very rightly orders that citrate of iron and quina shall contain 16 per cent. of quina. This is readily determined by the method given:—Dissolve fifty grains in an ounce of water, and add a slight excess of ammonia; a white precipitate is obtained which, when collected in a filter and dried, should weigh eight grains. This precipitate should entirely dissolve in pure ether and should burn away without leaving any residue.

FERRUM TARTARATUM.—This is the new name for potassio-tartrate of iron. The process given for preparing this salt consists in making moist hydrated peroxide of iron and mixing it with the acid tartrate of potash and water, and digesting the mixture with repeated stirring for six hours, at a heat which must be carefully prevented from rising above 140°. After the solution has cooled down, it is to be decanted off any undissolved precipitate, and evaporated and scaled. The directions for effecting the union of the oxide with the cream of tartar are calculated to prevent combination rather than promote it. It will be found that if, instead of using a large quantity of water and prolonged heating as ordered, the moist oxide be mixed in a mortar with the dry tartrate of potash, and the mixture afterwards warmed over the water bath, that a much more perfect solution of potassio-tartrate will be obtained, and one which will require much less evaporation before scaling.

When this salt is boiled with caustic soda, oxide of iron is precipitated, but no ammonia is evolved; and the filtered solution, when slightly acidulated by hydrochloric acid, gives, as it cools, a crystalline deposit of acid tartrate of potash.

Potassio-tartrate of iron should contain about 30 per cent. of peroxide of iron.

VINUM FERRI is to be prepared by dissolving 160 grains of tartrated iron in a pint of sherry.

REVIEW OF BOOKS.

A Manual of Practical Hygiene, prepared especially for Use in the Medical Service of the Army. By Edmund A. Parkes, M.D., F.R.S., Professor of Military Hygiene in the Army Medical School; Member of the Medical Council of General Education; Examiner in Medicine in the University of London; Emeritus Professor of Clinical Medicine in University College, London. London: Churchill. 1864.

The Royal Commission appointed in 1857 to inquire into the sanitary condition of the army in England recommended, *inter alia*, that an Army Medical School should be established, in which the "specialities of military medicine, surgery, hygiene, and sanitary science" might be taught to the young medical officers entering the army. This school, as our readers know, has now been established for some years, and is one of the recognised institutions of our country; and Dr. Parkes, who holds the Chair of Military Hygiene in it, has published the present volume with the view of carrying out "the wishes of the Commissioners as regards sanitary science, by providing a text-book" on that subject.

Although a considerable portion of the book (which consists of more than 600 pages) is of necessity devoted to purely military matters (as, for example, the chapters on "The Recruit," "Home Service," "Foreign Service," &c.), there is an abundance of material contained in it which is of the highest interest to the Profession generally, and, indeed, to the educated public at large. The subjects of "Water," "Air," "Ventilation," "Food," "Beverages and Condiments," "Soils," "Medical Meteorology," "Climate," &c., are fully discussed, and, so far as they have a practical bearing on hygiene, in the easy and lucid style that characterises all Dr. Parkes's writings.

The chapter on "Water" treats of the quantity of that fluid required for healthy and for sick men; the estimation of the amount of water yielded by different sources (as rain, springs, rivers, and wells), and its quality and composition; the usual sources of contamination of water and sanitary precautions; the characters of good drinking water; the physical, microscopical, and chemical examination of water; the methods of purifying it; and the consequences of an insufficient or impure supply. The following are the general characters of good drinking water:—"It should be transparent, colourless, without odour, and

tasteless; it should be well aërated (as it then appears to be more easily absorbed), cool, and pleasant to drink; it must have no deposit; vegetables should be readily cooked in it; the total dissolved constituents must be within a certain amount. It is difficult without more evidence than we at present possess to define this amount; and the following numbers must be taken with some hesitation:—

Organic matter should not exceed	1·5	grains per gallon.
Carbonate of lime	16	„ „
Sulphate of lime	3	„ „
Carbonate and sulphate of magnesia	3	„ „
Chloride of sodium	10	„ „
Carbonate of soda	20	„ „
Sulphate of soda	6	„ „
Iron	0·5	„ „

The proper amount of gases is stated by Boudet to be as follows:—

Nitrogen	6	cubic inches per gallon.
Oxygen	2·5	„ „
Free carbonic acid	5·5 to 7	„

At the Sanitary Congress held at Brussels in 1853 it was decided that the total amount of solids ought not to exceed thirty-five grains per gallon, and the same rule had been previously laid down in the 'Annuaire des Eaux de la France pour 1851' (p. 14); but this statement is of little use, as the salts differ so much in their effect on the system. The carbonate of lime may exist without injury in large quantities, the carbonate of soda in still greater; but sulphate of lime or magnesia is prejudicial in much smaller amounts" (p. 18). In his remarks on the physical examination of water, the author quotes the following table, which was published in the 'Army Medical Report for 1862,' by Dr. De Chaumont. It is important as showing how very little the sense of taste is to be relied upon in the detection of the ordinary inorganic impurities of water:—

Chloride of sodium is thus detected when it reaches	75	grains per gallon.
Chloride of magnesium	50 to 55	„
Chloride of potassium	20	„
Sulphate of lime	25 to 30	„
Carbonate of lime	10 to 12	„
Nitrate of lime	15 to 20	„
Carbonate of soda	60 to 65	„

For the detection of organic matter, which, in excess, is the most dangerous of all impurities occurring in drinking water, Dr. Parkes recommends that six ounces of the suspected fluid should be boiled with a few drops of solution of chloride of gold. In proportion to the amount of organic matter the gold is reduced, and forms a violet or almost black powder; if this is considerable, the amount of organic matter is large. Our older readers who are growing rusty in their chemistry will be able to detect the presence of an excess of lime or magnesia if they adopt the following simple directions laid down by Dr. Parkes:—

Lime.—Test with oxalate of ammonia. Six grains per gallon of a lime salt give a turbidity with oxalate of ammonia; sixteen grains, a considerable precipitate; thirty grains, a very large precipitate. Even from this test an idea may be formed of the quantity of lime. Boil the water briskly for thirty minutes; if carbonate of lime be present, it will be thrown down; filter, fill up to original volume with water, and again test with oxalate of ammonia. As only two grains per gallon of carbonate of lime can remain in solution after boiling, a large precipitate will show that sulphate or chloride of lime [? sulphate of lime or chloride of calcium—*Rev.*] is present.

Magnesia.—Filter the water from the oxalate of lime thrown down in the preceding process; evaporate to a very small bulk, filter again if there be any precipitate, and add a few drops of chloride of ammonium and phosphate of soda and a few drops of ammonia. In twenty-four hours, if magnesia be present, crystals of ammoniaco-magnesian phosphate are thrown down."—Pp. 21–22.

The soap-test, originally proposed by Dr. Clark, of Aberdeen, for determining the hardness of water, is fully described; and the method of applying it is so clearly illustrated by numerical examples, that anyone with ordinary care may readily learn to employ it. By this test, as modified and extended by Messrs. Boutron and Boudet, and by Mr. Nicholson ('Chemical Journal,' Dec., 1862), we can not only determine both the total and the irremovable hardness of the water, but the exact amount of some of the ingredients—as lime, magnesia, soda, sulphuric acid, and carbonic acid.

The various modes of purifying water, either without or with filtration, are fully discussed by our author. Six grains of alum when added to a gallon of water throw down almost all suspended matters in the course of twenty-four hours or less; the alumina falls down as a basic salt, while the sulphuric acid remains in solution. We believe that this method of purifying muddy water was much used by our troops during the late Chinese war. For the destruction of organic matter and ammoniacal compounds by rapid oxidation, nothing is better than the solution of permanganate of potash, commonly know as Condy's fluid, which is much employed for the purpose in the Government emigration ships. In this section we meet with a statement which is new to us, and which we think should be received with caution, although it rests on the authority of the well-known chemist Chevallier—viz., that "lead and copper are removed or lessened by pure charcoal."

The following remarks on the action of water on lead pipes, although containing nothing positively new, are deserving of attention, in consequence of the frequency of lead-poisoning from ignorance of simple chemical laws:—

"1. The waters which act most on lead are the purest and most highly oxygenated; also those containing organic matter, nitrites (Medlock), nitrates, and, according to several observers, chlorides. Besides the portion dissolved, a film or crust is often formed, especially at the time (? line.—*Rev.*) of contact of water and air; this crust consists usually of two parts of carbonate of lead and one part of hydrated oxide. . . .

"2. The waters which act least on lead are those containing carbonic acid, carbonate of lime, and, in a less degree, sulphate of lime; and perhaps, in a still less degree, magnesian salts and the phosphates of the alkalies; but it has been said that perfectly pure water containing no gases has no action on lead. The deposit which frequently coats the lead consists of carbonate and sulphates of lead, lime, and magnesia, if the water have contained these salts, and chlorides of lead and calcium.

"3. From the observations of Graham, Hofmann, and Miller, the protective influence of carbonic acid gas appears to be very great: a difficultly soluble carbonate of lead is formed. However, a very great excess of free carbonic acid may dissolve this. This has, perhaps, led to the statement that carbonic acid counteracts the preservative effects of the salts.

"Other substances may find their way into water which may act on lead—as vegetable and fatty acids, arising from fruits, vegetables, &c., or sour milk or cider, &c.

"4. The lead itself is more easily acted upon if other metals—as iron, zinc, or tin—are in juxta-position; galvanisation is produced. Bending lead pipes against the grain, and thus exposing the structure of the metal, also increases the risk of solution; zinc pipes, into the composition of which lead often enters, yield lead in large quantity to water; and this has been especially the case with the distilled water on board ships."—Pp. 41-2.

As cases of lead-poisoning are on record in which as little as one-hundredth of a grain per gallon was in the water, various methods of protecting the lead pipes have been suggested. As some of these methods are decidedly objectionable, and others (as, for example, Schwartz's patent) have not been sufficiently tested, the best course to pursue is that followed by Mr. Rawlinson and other eminent engineers, who employ cast iron, block tin, or some other safe material, for the construction of the pipes, in place of lead.

We turned to the section on the "impure supply" of water to see if our author had been able to find any conclusive evidence regarding the connection apparently

subsisting between goitre and certain impurities in the water drunk by the inhabitants of countries or districts in which that affection prevails. After summarily disposing of the snow-water and iodine hypotheses, he adds that "all the most careful observations, chemical and geological, show that the water of goitrous regions contains large quantities of lime and magnesia, and is derived from limestone and dolomitic regions, or from serpentine in the granite and metamorphic districts." The investigations of M'Clellan (in the 'Medical Topography of Bengal') strongly confirm this view. The amount of lime and magnesian salts required to produce goitre is not precisely known. Johnston found that the prisoners in Durham Gaol had swellings in the neck (incipient goitres) when the drinking water contained seventy-seven grains of solids (chiefly of lime and magnesian salts) in the gallon, and that these swellings disappeared when a pure water containing only eighteen grains to the gallon was obtained.

The chapter on "Air" begins with the consideration of the question—What quantity of air must be supplied per head per hour so to dilute the products of respiration and transpiration from the sound body as to keep the air always pure and fresh? This question may be answered both by calculation and experiment. By calculation (the data for which are fully given in p. 65), Dr. Parkes determines the quantity at 2,082 cubic feet per hour—a result which accords closely with that which had been previously obtained by Pettenkofer, and the accuracy of which is confirmed by practical experience. From a number of experiments in which the outflow of air was measured and the carbonic acid simultaneously determined, he found that "at least 2,000 cubic feet per hour must be given to keep the carbonic acid at ·5 or ·6 per 1,000 volumes, and entirely to remove the fœtid smell of organic matter." When 1,200 or 1,400 feet only were given, the carbonic acid amounted to ·7, ·8, or ·9 per 1,000 volumes, and the organic matter was so much increased as to act very strongly on permanganate of potash. In cases of sickness, it is impossible to say what minimum quantity of air should be given, because, in some diseases, so much organic matter is given off, that scarcely any ventilation will remove the odour. "At least 4,500 cubic feet per head per hour must be allowed, especially when there are many bad cases, and especially surgical cases with open wounds; and during epidemics, or when hospital gangrene, pyæmia, or erysipelas are spreading, 1,000 cubic feet at least must be given; or, in other words, the supply must be almost unlimited." In these calculations no account has been taken of the air that must be supplied for artificial lights. It has been calculated that, for every cubic foot of gas, 1,800 cubic feet of air must be introduced; and 1lb. of oil demands as much air as 10 cubic feet of gas.

In the section on "the Diseases arising from the Impurities in Air," we extract the following paragraph on the intensely poisonous action of carbonic oxide, the most poisonous of the ingredients of ordinary coal-gas, of which it forms from 3 to 7 per cent.:—"Less than ½ per cent. of this gas has produced poisonous symptoms, and more than 1 per cent. is rapidly fatal to animals. It appears, from Bernard's and from Lothär Meyer's observations, that the carbonic oxide, volume for volume, completely replaces the oxygen in the blood and cannot be again displaced by oxygen; so that the person dies asphyxiated. It seems, in fact, completely to paralyse, so to speak, the red corpuscles, so that they cannot any longer be the carriers of oxygen."

We had marked for extraction several passages from the chapter on "Food," but our limited space precludes their insertion; and we regret this the less, because, unless we are much mistaken, the volume itself must shortly find its place in the shelves of every medical library. It is so exhaustive in its nature, and contains so much important matter upon many comparatively inaccessible subjects, that a new edition will doubtless be soon required. In that new edition we should be glad if Dr. Parkes would give us more abundant references to the authors to whom he refers. For example, "Redwood and Wood," p. 28 (note), and "Sutton, p. 94," p. 34 (note), are too vague, the title of Sutton's work not having been given previously. And when we read the interesting fact that, according to Hofmann, "the permanganate of soda taken into the mouth destroys at once the odour of tobacco," we should be glad if we were told where a statement of such vital importance to our smoking brethren is recorded.

MEDICAL SOCIETIES.

HARVEIAN SOCIETY.

October 20th, 1864.

William Adams, Esq., F.R.C.S., President.

Dr. Drysdale mentioned two cases of

HABITUALLY ABNORMAL PULSE

lately observed at the Farringdon Dispensary. Case I.: A man, æt. fifty, had formerly been in hot climates; he was now a light porter. This man's pulse was habitually 36. No abnormal sounds in heart or great vessels; he complained most of cold and debility. Case II. he had seen that day. A woman, æt. thirty-eight, bookfolder, had for more than a year been a patient at the Dispensary. Her pulse during that time had continued nearly 160. She was very nervous and melancholy—no abnormal sounds at heart, no phthisis; complains of headache frequently. He had examined the pulse frequently, and never found it under 140. In reply to Dr. Grailly Hewitt, Dr. Drysdale added that patient was married, without children; had leucorrhœa. The man had been a great smoker of tobacco.

Mr. Simes mentioned a case where ℥v. of vinum colchici, given three times a day, had reduced a patient's pulse down to twenty beats in a minute. The man recovered.

The President knew a hospital surgeon whose pulse was habitually under 30. He had had fever in the Crimea. He complains of cold, but cannot take stimulants.

Mr. Sedgwick had had a patient who, during an attack of sciatica, had a pulse of 43; normally being 78. Napoleon I. had a pulse of 45.

Mr. J. Z. Laurence observed that such abnormal pulses were examples of idiosyncrasies, just as pulsation of the retinal veins is seen in some persons.

Mr. Curgenven observed that frequency of pulse occurs sometimes when there is pressure on the pneumogastric nerve. Frequency of pulse is more common in females than is generally supposed. He had two patients, sisters, whose pulses were 118 and 120 habitually. It was of consequence to be aware of such cases on first seeing a patient.

Dr. Grailly Hewitt mentioned the case of a young lady patient whose pulse was habitually 120.

The President read a paper on

THE RESTORATION OF MOTION IN CASES OF PARTIAL ANCHYLOSIS, OR STIFF JOINTS, BY FORCIBLE EXTENSION UNDER CHLOROFORM.

The author commenced by adverting to the history of the operation, before and since the introduction of chloroform, and alluded especially to Langenbeck, the late Bonnet, of Lyons, P. Frank, Skey, Paget, Erichsen, &c., who amongst English hospital surgeons had more recently adopted the operation. Mr. Adams' first cases were treated, in conjunction with the late Mr. Lonsdale, at the Orthopædic Hospital, in 1854 and 1855, and were described in the author's work 'On Subcutaneous Surgery,' published in 1857. Since that time, he had adopted the practice in a large number of cases; and one point to which he had especially directed attention had been, to determine the particular class of cases to which the treatment is applicable and those in which it is either attended with danger or would probably fail in its object of restoring motion. These points were therefore chiefly discussed in the present paper. The author then made some observations on the constitutional conditions upon which diseases of the joints depended, or with which they were generally associated; and with reference to the treatment by forcible extension, he arranged all classes of anchylosis, or stiff joint, in three classes—viz.: 1st. The strumous; 2nd. The rheumatic; and 3rd. The traumatic. With regard to the first class—the strumous—the

result of the author's experience had been to prove that they are decidedly the most unfavourable for the treatment by forcible extension; and he had determined never to repeat the operation in any case belonging to this class, unless it should be of a very exceptional character and present unusually favourable conditions. When the cartilages are destroyed, as they generally are, to a greater or less extent, in the strumous diseases, a stiff joint is the best possible result. Forcible extension may produce serious inflammation; and even if some motion be gained at the operation, it will be subsequently lost, and stiffening return. Several cases in illustration of these points were given by the author, and a few favourable and exceptional cases were also mentioned. With respect to the second class—the rheumatic—the results of the author's experience had been just as favourable as they had been unfavourable in the strumous class. In a large proportion of cases of stiff joint, or anchylosis, occurring in young adults after rheumatic fever, or as the result of gonorrhœal rheumatism, free and useful motion may be restored by forcible rupture of the adhesions and thickened ligamentous tissue. The author believed that the articular cartilage always remained healthy in these rheumatic cases, and that the great pathological peculiarity of the rheumatic form of inflammation, in whatever organ or tissue it occurs, is a remarkable indisposition to suppuration, or the ulcerative process. The author had never seen suppuration occur as the result of rheumatic inflammation, and when it does occurs, as a rare event, the case is probably one of a mixed character, and not purely rheumatic. The tendency of rheumatic inflammation is to the adhesive form of inflammation, so that it produces adhesions and thickening of the ligamentous tissues of the joint, but neither suppuration nor ulceration occurs. In the third class of cases—the traumatic—the results of forcible extension are also generally very favourable, although more uncertain, and on the whole not quite equal to the results obtained in the rheumatic class. Several cases illustrating the successful results of forcible extension, permanently restoring useful motion in the rheumatic and traumatic classes, were then detailed by the author.

Dr. Dick observed that Sartorius was the first surgeon to break down joints. In 1836, a surgeon at Paris followed his example. Then Bonnet brought the operation into vogue. Elbow-joints do not bear the process so well as joints of the lower limb. He (Dr. Dick) had successfully broken down some elbow-joints in cases of rheumatism and in gonorrhœal rheumatism. In some cases he believed pus was found in joints, and especially in the pleura, in cases of rheumatic pleurisy.

Dr. Allen had seen a case where pus was found in the left shoulder-joint, but perhaps it was a secondary deposit. At that time, pyæmia was not so well understood as now.

The President believed that suppuration in joints never occurs in true rheumatism. He had heard this point discussed lately, and admitted.

Mr. J. Z. Laurence thought it was a pathological law, that pus is not found in cases of rheumatic inflammation. He had never seen any in rheumatic sclerotitis—a very common disease.

Dr. Camps observed that most pathological laws are liable to exceptions; many cases of supposed rheumatism, as pointed out by Brown-Séquard, are really neuralgic in character.

Mr. Sedgwick mentioned a case of rheumatic anchylosis in the little finger of a gentleman aged fifty. He asked whether this was a case for extension.

The President said that such cases in the smaller joints occur in older patients affected with chronic rheumatic arthritis. In young persons, the larger joints are most affected. In this case, a tenotomy knife should be used, and then the finger laid on a straight splint.

University of Durham.—Mr. J. S. Higgs, of Twyford, Leicestershire, has been this year the successful candidate for the vacant medical scholarship of this University.

LEGAL INTELLIGENCE.

INFRINGEMENT OF THE MEDICAL ACT.—PROCEEDINGS AGAINST "DR. DE ROOS."

In the Medical Circular of Oct. 26th we announced the commencement of the above case, and at the Uxbridge Petty Sessions, October 24, Mr. William Talley, of Beaconsfield, summoned Doctor Walter De Roos (otherwise George Robinson) for infringing the 40th clause of the New Medical Act, in describing himself to be a M.D., and having placed these initials after his name, without being duly qualified or registered as such.—Mr. Talley conducted the information, and Mr. Robinson appeared to defend.—Before the business was proceeded with, Mr. Robinson said he appeared to defend the person who occupied the house 25 Bedford place, but he did not know who Mr. Talley had summoned, for his client was at Brighton, and it was impossible for that gentleman to attend before the Bench that day. Some time was taken up in ascertaining for whom this gentleman was supposed to attend, and he felt equally anxious to know for whom Mr. Talley appeared, or whether he was the common informer or the complainant; if so, he said he should know upon what grounds he stood.—Mr. Talley then read the whole of the advertisement in Broadwater's paper, in which the defendant had styled himself Doctor of Medicine, and then called Police-constable William Mason, T 47, who said: On the 18th (Wednesday) last, I went to 25 Bedford place, to serve the summons upon Dr. De Roos, but I was told by the private secretary (Mr. Thomas Hall) that the doctor was not at home. I was in plain clothes, and although I had a summons for Thomas Hall, I did not serve it then, but I bought a box of pills and went away, and called again the next day. I did not take the pills. The next day I served the summons upon Dr. De Roos, who told me he was the doctor, but after I served him he said he was not the doctor, and that gentleman would not be at home for a day or two.—Mr. Robinson here objected to the evidence being taken, as the defendant was not answerable for what other people might say of him, or was his identity proved; and after a great deal of discussion, the magistrates said they considered that if Dr. Roos was not in attendance he was represented by his counsel.—Mr. Talley said the defendant had been seen in the neighbourhood of West Drayton that morning by the policeman, and his name was again called out in court, but no response was made to it.—The magistrates decided that the case should go on, when the witnesses were ordered out of court, and Mr. Talley entered into the amount of mischief such deceptions were calculated to cause among poor people and ladies, saying how susceptible all were to be taken when the mind or body was diseased. He was, however, interrupted in his opening speech continually, and asked not to point out the mischief of the infringement, but prove his case by the witnesses. He then called for Mr. Thomas Hall, the Secretary to Mr. Walter De Roos, but that person did not answer to his name.—Mr. Talley then called Mr. Broadwater, the proprietor of the paper in which the advertisements were inserted, who said he had never, to his knowledge, seen Dr. De Roos. He received the order for the insertion of the advertisements through an advertising agent; that he sold a great many of Dr. De Roos' renal pills as patent medicine, and had received them through a patent medicine warehouse in London, as he did other patent articles. He had sold the pills to high and low, and heard many praises of them. He could not connect Dr. De Roos with the advertisement, for he had never, to his knowledge, seen either the doctor or his secretary. He had advertised for the same parties for years. He then gave the agent's name as Mr. F. C. Lewis, of Montague mews, Montague street, London, through whose agency he had received the order.—Mr. Charles Henry Waldron was then examined. He said he was a merchant's clerk, and was living at Islington. He knew the person who personated Dr. De Roos, because that person had told him he was the doctor. He did not ask him the question. He called upon him on July 5, but did not then see him, but

subsequently saw him. He had seen the advertisement in the paper similar to the one just read, and from that he consulted him. He should not have gone had he the slightest intimation the doctor was not a registered M.D. He went to Dr. De Roos as a physician. He saw the person who represented himself to be the doctor. The first time he visited the house the doctor was stated not to be at home; but on a subsequent visit he saw him, and that person gave him some medicine for which he (the witness) paid. The name of De Roos was not on it. He was ordered to take it periodically—that was, three times a day. The only direction on the medicine bottle was "to be well shaken." He never asked to see Dr. De Roos. He paid the money, in all 6*l.* 1*s.*; but the treatment gave no benefit. He did not think he was worse or better. He was under his care for a month.—Mr. Talley asked the witness if he ever saw that instrument (pointing out one in a book).—Mr. Robinson objected to the evidence, and, after much discussion, the magistrates decided that it was not necessary. No evidence having been given of the identity of Dr. De Roos, Mr. Robinson contended, Mr. Talley again asked for the policeman, William Mason, to have his examination finished, and on his being recalled, he said he laid a copy of Broadwater's paper on the table, and left it when he served the summons on the person who called himself the doctor. He also gave the summons to Thomas Hall, and tendered him five shillings, but he refused to have the summons or the money. The person who called himself the doctor, when he gave him the summons, said he had got other work to do than attend to any summonses, and that he was not the doctor.—Mr. Talley said, as Mr. Thomas Hall, the private secretary of the doctor, had not attended to the summons, he must ask for an adjournment, to compel that witness to attend.—Mr. Robinson objected to an adjournment, because, if the person who was supposed or put himself off as Thomas Hall were to attend, Mr. Talley would fail to make the case out, and he knew that Thomas Hall had left the establishment some months. During the whole of this investigation, the court and Mr. Robinson continually asked Mr. Talley to keep to the point of identity, and the former objected to nearly every question the complainant put. A paper was put in of October 8th, and then the evidence of Mr. Waldron, relating to July 5, he deemed could not be evidence, and the defendant had had no notice to produce the paper. He said he was compelled to keep objecting, because evidence might be placed on the depositions that afterwards it would be difficult to get off having once been there.—The Bench said if he would allow Mr. Talley to go on in his usual way, there should be nothing placed on unfairly, so that the latter part was got over more quietly, but it lasted for two hours.—The magistrates, having then consulted together for some time, said if Mr. Talley wished for an adjournment they would grant it, but that they considered the five shillings tendered to the person Thomas Hall was not enough.—Mr. Talley inquired if the same summons would be sufficient if he increased the amount, but the Bench refused to give any opinion, telling the solicitor he must conduct his own case. It was then arranged that the summons should stand adjourned until Tuesday, to be heard at the Public Rooms at eleven o'clock.

Lethargy.—At the last sitting of the Academy of Sciences a paper was received from Dr. Blanchet on three curious cases of constitutional lethargic slumber. One of them was that of a lady twenty-four years of age, who, having slept for forty days at the age of eighteen, and fifty days at the age of twenty during her honeymoon, at length had a fit of sleep which lasted nearly a whole year, from Easter Sunday, 1862, to March, 1863. During this long period a false front-tooth had to be taken out in order to introduce milk and broth into her mouth. This was her only food; she remained motionless, insensible, and all her muscles were in a state of contraction. Her pulse was low, her breathing scarcely perceptible; there were no evacuations, no leanness; her complexion was florid and healthy. The other cases were exactly similar.

EXPENSES OF THE 'BRITISH MEDICAL JOURNAL.'

In a letter published in the columns of the 'Medical Times and Gazette,' the writer makes the following remarks on the above subject:—

The Association now numbers, we are told, "above 2,400" members. The subjoined is the balance-sheet for 1863. Under the head of "Receipts" we are not informed how many of these have paid their subscriptions, nor how many have not; nor is there credit given the Association for "sales" of the 'Journal;' yet surely a few copies have been sold.

Receipts of British Medical Association.

Balance from 1862	£221	1	10½
Subscription of members	2,118	9	0
Donation	10	10	0
Advertisements in 'Journal'	626	16	4
	£2,976	17	2½

Expenses of 'Journal.'

Mr. Richards (printer), 52 nos.	£1,784	9	0
Mr. Richards, for directing, &c.	66	16	0
Mr. Honeyman (publisher), sundries (?)	92	18	0
Mr. Davidson (commission) (?)	77	19	0
Engravings	5	3	6
Editor of 'Journal' (Dr. Markham)	200	0	0
Sub-editor (Dr. Henry)	50	0	0
Contributors to 'Journal'	301	8	0
Interest and commission	3	16	4
Total expenses of 'Journal'	£2,582	9	10

It is right to note that the 'Journal' is directed and sent free by post to the members.

Net cost annually of 'British Medical Journal'	£1,996	13	10

If we look into the 'British Medical Journal,' we find the most prominent items, as to type, are certain contributions called "leading articles," which seem to be the opinions of the editor on current events, such as trials, hangings, elections, and the like, or personal disquisitions on laudable and recalcitrant members of the Association, editors of other journals, and public persons. In one "leader" we are told that all the officers of public Medical charities hold their appointments for none other than selfish ends; in another, that there are only three public teachers of Medical science in London who lecture from any other motive than to get into practice; in another it is admitted that a London lecturer (one of the few who contribute to the 'Journal') is one of the three, and I think it is implied that the Editor is another; the third metropolitan Uriel of Medicine is as yet unknown. In one leader you are denounced as "a Tartuffe" in reply to some of your animadversions on the editorial lucubrations. In the "leader" you criticised, some stupid jurymen at Liverpool were rated as if the sentiments they uttered were those of the Prime Minister, or even of the three celebrated tailors of Tooley street. A weekly polemic has been going on ever since the beginning of August with the Editor of the 'Lancet,' because he got the start of the 'Journal' in publishing Dr. Humphry's address to the annual meeting. I say nothing of minor personalities, nor of the domestic records of births, marriages, and deaths in the Association, and other small-beer matter. The 'Journal' is plainly a Medical newspaper, apparently as much esteemed by the members as it is by the salaried officers and Council; but I do not think an Academy of Medicine would want a journal of the kind. If current rumour be correct, the editor of the 'British Medical Journal' is, or has been, specially paid also as a contributor for his "leading articles" in addition to his salary of 200*l.* a year. Now, let us conceive an account presented to an Academy of Medicine from their scientific editor of papers with items such as—"To wigging certain Liverpool jurymen, and asking them how they would like to be called up at night to give out brandy and pearl barley; two columns—two guineas;" or "To trouncing the editor of the 'Medical Times and Gazette' soundly, and calling him a Tartuffe for criticising me—£ s. d.;" or "To tying a kettle to the tail of the editor

of the 'Lancet' for surreptitiously making off with, &c.—£ s. d." Clearly, however amusing, and even valuable, such productions may be in regard to the British Medical Association, they would be out of place in the reports of proceedings of an Academy of Medicine, and all the sums expended on them might be saved. Indeed, it would be the height of presumption in the paid officer of such a learned body as I contemplate to print his opinions at its cost and uninvited on any subject whatever. It may be alleged, however, and not unfairly, that part of the 300*l.* allotted to contributors to the 'Journal' goes really to the encouragement of Medical science. Able "reviews," for example, and letters from "our correspondents," are thus procured. But the works of the members of an Academy of Medicine would be submitted, with proper dignity and due regard to the subject, to a Committee of the Academy to examine and report, as is done by the French Academy. Looking, indeed, from this point of view at the contents of the 'British Medical Journal,' it is difficult to understand how the 300*l.* is or can be spent yearly upon scientific matters. Sir John Forbes used to pay contributors 6*l.* for sixteen closely printed octavo pages of the 'British and Foreign Medical Review; so that 300*l.* ought to produce 800 such pages. Yet there is, I think, nothing like these in the two volumes of the Journal." Sir Charles Hastings, or the treasurer, or the auditors, would do good service to science if they would show how this 300*l.* is expended, by publishing in the 'Journal' a list of the scientific contributions—not necessarily of the contributors—thus honoured by direct payment. In the meanwhile, for the purpose of financial estimate, we may assume as a fact that the *best* contributions to the 'Journal' have *not* been paid for, and that such would be the case with the papers and essays in the Transactions of an Academy of Medicine as it is in regard to those of all learned societies, except in the case of special grants.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 27th ult.:—Charles Eddowes, Millbrooke, Southampton; Frederick Henry Hume, Angel terrace, Islington.

SMALL-POX IN JAMAICA.—The small-pox is continuing its ravages in Jamaica, and by the last advices we learn that it is rapidly extending over the island.

UNIVERSITY COLLEGE HOSPITAL.—The following liberal bequests were announced to have been left to this institution at a meeting of the hospital committee on Wednesday—viz., by the late Mr. Jacob Stiebel, 5,000*l.* (this gentleman received his early education in University College); Mr. Henry Lloyd, 100*l.*; and Mr. Z. A. Jessel, 50*l.*

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—The medical staff of this hospital, previously consisting of Dr. J. S. Ramskill and Dr. C. B. Radcliffe, Physicians, and Dr. J. Hughlings Jackson, Assistant-Physician, has been increased by the appointment of two Physicians, Dr. E. H. Sieveking and Dr. J. Russell Reynolds, and an Assistant-Physician, Dr. P. Victor Bazire.

THE UNIVERSITY COLLEGE MEDICAL DINNER.—The annual dinner of the Medical Department of University College, and of the medical practitioners who were educated at that institution, was held on Thursday last, at Willis's Rooms, and was very well attended, about a hundred having assembled on the occasion. The chair was taken by William Cadge, Esq., of Norwich, who formerly held the post of assistant-surgeon at University College Hospital, but who, soon after the death of his friend and patron, Mr. Liston, retired from that institution and returned to his native city, where he enjoys an extensive practice. He was supported by several of the professors and by many of the old students of the College, among whom were Professors Sharpey, Erichsen, Harley, Ringer, Russell Reynolds; Drs. Quain, Garrod, Hare, Sieveking, Walter Lewis, Semple, Harnwicke; Messrs. Emanuel Baker, Gant, Thompson, C. Cooper, Simpson, &c. After the usual loyal toasts had been given, the toast of the evening, namely, "Prosperity to University College," was proposed in appropriate terms by the Chairman, and responded to by Mr. Erichsen, as the Senior Professor among those educated at the College. Among other topics of congratulation, he adverted to the recent bequest of a considerable sum to the Hospital, the testator having, at the same time, bequeathed a handsome legacy to one of the Hospital Physicians. The evening passed off in a very pleasant manner, and the hilarity of the meeting was much increased by some amateur musical efforts by one of the company.

THE 'Medical Times and Gazette' has the following remarks on the "Manly Vigour" crew and the morality of the cheap papers:—"We have repeatedly had to call attention to the assistance afforded by most of the newspapers in circulating the poison of these noisome extortioners. The 'Daily Telegraph,' one of the chief delinquents, must have appeared to a reader who took it up on Tuesday week to have fully seen the error of its ways, and undergone a complete repentance in sackcloth and ashes, provided that his attention was confined to the leading columns. But what must have been the astonishment of the sympathising reader when, as he turned his paper round, his eye was caught by the too familiar headings of some half-dozen offensive announcements by the quacks against whom the leader indignantly protests! Should the beadle at the door of one of the so-called anatomical museums, at the same time that he hands his volume of obscene trash, give utterance to a lecture on the infamy of his offensive trade, he would be deemed guilty of a glaring inconsistency. The wages of iniquity are not more respectable when they help to fatten the proprietors of a thriving journal than when they keep from starvation the wretch who distributes handbills in the kennel."

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following are the names of the candidates who passed the Major Examination on the 26th ult. as Pharmaceutical Chemists:—John Baily, London; Alfred P. Balkwill, Plymouth; William Davies, London; Richard Fitzhugh, Nottingham; Thomas G. Gibbons, Manchester; Marshall Heanley, Peterboro'; Evan L. Hickey, London; William Jones, London; Thomas M. Orpe, London; Joseph Sims, Hirwain; Thomas Taylor, Peckham; R. G. Thomas, Merthyr; Henry C. Upjohn, Oxford; Robert F. Young, Gringley-on-the-Hill.

THE LATE JOHN LEECH, ONE OF THE ARTISTS OF 'PUNCH.'—We can hardly claim John Leech as one of us, yet so good, so universally popular and beloved as he was, we gladly record the fact that it was not his fault that he was not a practitioner of Medicine. He was the son of a respectable hotel-keeper in the City, and on leaving school was placed as a medical student under the care of Dr. John Cockle, now Physician to the Royal Free Hospital. Whilst in Dr. Cockle's family he won the hearts of all about him by his gentleness and kindness of disposition, his perfect manners, and his musical taste. It must be confessed that he did not take very heartily to the study of Physic, but he was indefatigable in making sketches. No matter where he was or what was going on, he was sketching on paper, fly-leaves of books, and the walls of Dr. Cockle's study. Very soon his father's circumstances altered for the worse, and young Leech, being compelled to abandon Medicine, took to his pencil for a livelihood. And well he did his work. Whatever is fine, graceful, or elegant in man or woman he sketched to the life; and his satire is without a spark of malice. He always was what is called nervous and sensitive, and a brain delicately and feebly organized broke down at last from the pressure of hard work. Three weeks ago a friend saw him on the sands at Scarborough, looking quite the old man. He did not live much longer. His complaints of street noises were pathetic in the extreme; but, alas! we must say again what we said lately, they who cannot bear London noise should tell their griefs to their physician. They are over-wrought or under-nourished, and should take the hint and beat a retreat in good time.—'Medical Times and Gazette.'

MUNIFICENT DONATION.—J. C. Bowring, Esq., of Larkbeare, has presented 4,000*l.* to the Devon and Exeter Hos-

pital, for the purpose of applying the income to the maintenance of a ward for the reception of infants under the age of seven years. The donation is made unconditionally, and in furtherance of the wishes of the late Mrs. Bowring.

FORT PITT, CHATHAM.—Additional buildings have been erected at Fort Pitt, Chatham, for the reception of the whole of the troops of the garrison requiring hospital treatment. The necessity of a separate staff of medical officers for the old hospital within the lines now ceases, that building being converted into quarters for the troops.

CAMBRIDGE UNIVERSITY MUSEUM.—The inspectors of this Museum have just reported to the Senate that they found the collection in an excellent condition. The catalogue of the physiological series commenced by Mr. J. W. Clark has been continued by Dr. Drosier, who hopes to be able to complete it during the present academical year. A large addition has lately been made to the collection, including the skeleton of an adult male gorilla, purchased of M. du Chaillu. A very interesting series of corals, starfishes, echina, and other invertebrate animals, collected and prepared by the late Mr. Lucas Bassett, has been placed in the Museum. It is hoped that these specimens will form the nucleus of a collection of invertebrata, which is much needed, and also will perpetuate the memory of their indefatigable collector, whose early death, in the prosecution of scientific research, was so much deplored by all who knew him.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 9 — *Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, NOV. 10.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, NOV. 11.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, NOV. 12.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, NOV. 14.— *Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, NOV. 15.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Anthropological Society of London 8 p.m.—W. T. Pritchard, Esq., "On the Natives of the Viti Islands."—W. Bollvert, "On the Astronomy of the Red Man of the New World."

BOOKS RECEIVED FOR REVIEW.

First Help in Accidents. By C. H. Schaible, M.D. London: R. Hardwicke, 192 Piccadilly.

Clinical Lectures and Reports by the Medical and Surgical Staff of the London Hospital. Vol. I. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

THE ANTHROPOLOGICAL SOCIETY.—The notice has been received.

THE ROYAL INSTITUTION.—The notice has been received.

A CONSTANT READER.—The whole number of entries to the Metropolitan Medical Schools is this year much smaller than the average, but some of the large schools have a greater number of entries than they had last year. Guy's takes the lead in point of numbers.

ANTI-QUACK.—At the time of our going to press, the persons charged with intent to extort money by threats of publishing a libel have not yet been committed for trial. The 'Lancet' positively stated that "Dr. Henery" had been formally committed, but such is not the fact.

MR. J. B.—The abstract of the lecture has been received.

JUVENIS.—In ninety-nine cases out of a hundred spermatorrhœa is only an imaginary disease, but its existence is asserted by the quack fraternity for the infamous purpose of extorting money from the unwary.

X. Y., *Glasgow.*—Bromine was discovered by M. Balard, of Montpellier. It is a constituent of sea-water.

A LOOKER-ON.—As far as we can see at present, the matter is too much a personal one to deserve notice at our hands.

DR. L.—The newspaper has been received with thanks.

VESTRYMAN.—We have never expressed any opinion but one as to the late proceedings of the Marylebone Vestry—namely, that they are calculated to bring sanitary science into contempt. We entertain, however, every personal feeling of respect for Dr. Whitmore.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
H. C. Wildash, East Ashford	0	10	6
R. Davies, Esq., Dunmow	0	5	0
T. A. Stephenson, Esq., Radford	0	5	0
Amount previously announced	91	5	0
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Nov. 2, 1864.

To the Editor of the Medical Circular.

SIR,—Will you kindly inform me in your next issue what is the best treatise 'On Food.'

Yours, &c., AN OLD SUBSCRIBER.

[A work by the late Dr. Pereira 'On Food.'—ED. MED. CIRCULAR.]

DR. B.—The letter and the inclosure have been received.

ARMY MEDICAL DEPARTMENT,
October 29, 1864.

A Competitive Examination of CANDIDATES for COMMISSIONS in the Medical Service of Her Majesty's Army will commence at Chelsea Hospital, on Monday, the 20th of February, 1865, at 10 o'clock a.m.

SUBJECTS OF EXAMINATION.

Obligatory.—Anatomy and Physiology, Surgery, Medicine, including Therapeutics, the Diseases of Women and Children, Chymistry and Pharmacy, and a practical knowledge of Drugs.

Optional.—Comparative Anatomy, Zoology and Botany, with special reference to Materia Medica.

Candidates having the necessary qualifications to practise Medicine and Surgery under the Medical Act, and not being under 21, nor above 30 years of age, are eligible to attend.

Applications for the printed form, which must be filled up by intending competitors before their names can be placed on the list of candidates, should be made in writing to the Director-General of the Army Medical Department, War Office, London.

J. B. GIBSON, Director-General.

Royal College of Physicians of LONDON.

FIRST PART of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, December 6th.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, December 13th.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pallmall East, 1864. H. A. PITMAN, Registrar.

General Hospital and Dispensary FOR CHILDREN IN MANCHESTER.

WANTED, an ASSISTANT DISPENSARY MEDICAL OFFICER. He must be unmarried; have a Medical and Surgical registered qualification; devote his whole time to his duties at the Institution. Salary, 120l. per annum. Candidates for the office must send in their applications to the Institution on or before November 26th.

BASS'S EAST INDIA PALE ALE.

The October, 1864, Brewings are arriving from BURTON in Casks of 18 gallons. Last season's Ale, in Bottles, is in fine condition.

BERRY BROS. & CO., 3 ST. JAMES'S STREET, S.W.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 292.)

The Causes, Diagnosis, and Treatment.

Besides the accumulation and coagulation of blood in the uterus, we may meet with another variety of internal hæmorrhage, which is quite as dangerous and much more liable to be overlooked. I stated that in most cases a few small clots form after delivery in the vagina, and come away during micturition; now, in some instances of flooding very little of the blood escapes externally, but nearly the whole of it coagulates in the vagina. It is astonishing what a quantity of clots the vagina can contain. In two cases which came under my own observation, the vagina was distended in its circumference by coagula to the fullest extent the pelvis and the structures within would allow, and its distal extremity was so pushed upwards, that a soft mass, which could be felt externally above the pubes, and which for a time appeared to be the bladder, was nothing more than the upper portion of the vagina containing clots. The blood collecting in the vagina, instead of escaping through the vulva, is most likely due to the patient lying with the buttocks placed on too high a level, and the uterine extremity of the vagina being unusually capacious. Our attention will be first attracted by the symptoms of loss of blood, such as faintness, increasing rapidity of the pulse, and pallor of countenance, &c. The external loss of blood may be almost *nil*, or there may be free draining. The uterus will be found to be of the usual size, moderately contracted, and in its proper position, unless the quantity of coagula be very large, in which case the uterus will be pushed up and a soft mass felt below it. In the two cases alluded to above, in consequence of feeling a space between the hard uterus and the pubes, I thought the bladder was distended; and I should have introduced the catheter, had not a feeling of bearing-down, complained of in both instances, led me first to make a vaginal examination, which at once revealed the true state of things.

The treatment is very simple. The clots may readily be pushed out of the vagina by pressing the uterus firmly downwards, and the patient bearing down at the same time.

Cough.—The sympathetic cough which women frequently suffer from during the latter months of gestation continues for a day or so after delivery. It is especially troublesome for the first few hours, and sometimes gives rise to a very free loss of blood. The attacks of coughing do not continue long, but recur frequently.

Diagnosis.—The uterus is felt fairly contracted, and the loss of blood, which occurs as a draining, *only takes place when the patient coughs.*

Treatment.—It consists in relieving the cough as soon as possible. Fifteen minims of the tincture of opium or Battley's solution should be given at once, and a second and a third dose at intervals of half an hour, if the first does not prove effectual. During each attack of coughing, much good may be done by grasping the uterus firmly and steadying it. It excites a more efficient contraction, and also prevents the uterus from being jolted so much.

Illustrative Case.

The patient, mother of seven children, was attended in her confinement by a pupil of the Dispensary. The placenta came away by traction without any difficulty, in about five minutes after delivery; the uterus contracted firmly, and, except that she had a bad, teasing cough, she appeared for some time to be doing very well. In about half an hour the patient complained of feeling very faint, and as there were other signs present of an undue loss of blood, the pupil made an ocular examination. He found that the patient had lost a great deal, and he also noticed that a free draining took place every time the patient coughed. Ergot was administered, and cold and pressure applied, but with little or no avail, as the cough was almost incessant. I was accordingly sent for. There was no difficulty in making out the cause of the hæmorrhage. The uterus was rather large, but it readily contracted on pressure; there was an entire cessation of hæmorrhage during the brief intervals in which the patient was free from coughing. As the woman was in a very low state, I was anxious to relieve the cough as soon as possible, and I began by giving half a drachm of Battley's solution of opium, and in a quarter of an hour gave a second dose of fifteen minims. After the last dose, the attacks rapidly diminished in frequency, and the patient was soon out of danger from further loss of blood. For the first few days, until the cough ceased, she took every four hours a draught containing ten minims of chloric ether, fifteen minims of the compound spirit of ether, and five minims of Battley's solution of opium in an ounce of water.

A Large Placenta.—Women are much more liable to flood after the delivery of the placenta in twins than in single births; at the full term, than after premature confinements; when delivered of a large child, than of a puny infant. In twin cases, there being two placentas either separate or attached to each other, double the number of vessels are laid bare on their detachment. At full term, the calibre of the vessels and the uterine sinuses are larger than in the preceding months. When the child is very large the placenta is generally in proportion. The larger the placenta, the greater are the number of uterine sinuses laid open, and the uterus has to be more firmly and equably contracted than it usually is soon after delivery.

Treatment.—As the sole object to be attained is a strong and permanent contraction of the uterus, the treatment should be the same as that for hæmorrhage from inertia.

Exertion.—It is a frequent cause both of primary and secondary hæmorrhage, especially amongst the lower class. Very slight exertion made during the first two or three hours after confinement is liable to bring on profuse flooding. I have met with two or three bad cases brought on by removing the wet clothes, putting on clean things, and drawing the patient into bed. In another instance, flooding was set up by the woman injudiciously getting out of bed to make water, soon after I had left the house. Severe flooding may also be caused through exertion several days after delivery. Dr. Murphy relates one which occurred on the tenth day, and Dr. McClintock another which set in on the eleventh day. It is more common, however, after the lapse of a few days, to meet with cases in which the hæmorrhage is not profuse, but occurs as a slow, continued draining. When women leave their bed before the lochia has taken the place of the sanguineous flow, a slow draining of blood is very apt to continue for a month or six weeks. Even after the coloured discharge has ceased for several days, getting about too soon not infrequently brings it back again. The slow loss of blood for several weeks after confinement occurs more often than medical men are aware of. At the Dispensary, I made numerous inquiries concerning that point, and I found not only was it of frequent occurrence, but the answers received from some of the patients showed that they looked upon it as natural. Three or four women said that they always lost very little until they got up, and seem surprised when I explained to them that that was in consequence of their not remaining in bed long enough. The debility and anæmia resulting from the gradual loss of blood were attributed to a tedious convalescence from the immediate effects of the labour.

Diagnosis.—We may infer that exertion was the cause of the hæmorrhage, if the patient were quite free from flooding before the exertion was made.

Treatment.—That depends very much on the length of time which has elapsed between the delivery and the commencement of the hæmorrhage; also upon the profuseness of the flow. If the flooding be violent within the first day

or two, cold and pressure should be diligently applied, and two or three doses of ergot administered. If there should be any evidence of clots having collected in the uterus, they must be pressed out or removed by the hand. When the flooding comes on profusely for the first time several days after delivery, we may also have recourse to plugging the vagina precautions being taken against the occurrence of internal hæmorrhage.

Those cases in which the loss occurs as a long-continued draining may usually be treated without the local application of cold. If the uterus is not tender, firm pressure should be applied to it by a pad and binder. The patient should be enjoined to eat and drink everything cold, keep perfectly quiet, and take five grains of gallic acid, fifteen minims of dilute sulphuric acid, ten minims of Battley's solution of opium, in an ounce of compound infusion of roses, every four hours. If no benefit be derived from these remedies in a few days, an infusion of ergot may be given instead of the astringent mixture, each dose containing ten grains of ergot. In obstinate cases of draining, the injection of a pint of cold water every morning into the rectum will generally be attended with success; if, however, all these various means fail, we must then employ the tampon or plug.

Illustrative Case.—The patient, an unmarried girl, æt. sixteen, was a poor idiot upon whom rape had been committed, by a man who had watched her into a privy after dusk, and effected his villanous purpose under threat of murder. During labour she thought the pains were caused by "a big worm" which was trying to get out of her inside. It is probable that the idea of the "big worm" arose from her feeling the movements of the fœtus during pregnancy. The labour was short, and she bore the sufferings of the last stage unusually well. The placenta came away in the usual time, the uterus contracted firmly, and she lost very little. I visited her next morning, and found her going on favourably. The uterus was well contracted, and her mother said she had had very little loss. Late in the afternoon of the same day I was hastily called to see the girl, as she had lost a large quantity of blood. The mother told me that she had left her daughter by herself for half an hour, as she appeared to be doing so well. At the end of that time she went up stairs again, and was surprised to find the girl lying on the outside of the bed, blanched, and looking very ill. There was blood all about the floor, showing that the patient, not knowing any better, had got up and walked about the room. I found the uterus rather larger than it was in the morning, and not so firmly contracted. There was free draining of blood from the vulva. A dose of ergot in some brandy-and-water was given, and cold and pressure applied, which soon restrained the flooding. Considerable sanguineous draining continued for two or three days; it then gradually ceased, and the patient made a perfect, but very tedious recovery.

I have now treated briefly all the most common causes of post-partum hæmorrhage, and in the next communication will enter upon the consideration of those which are more rarely met with.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

WESTMINSTER HOSPITAL.

(Case in the Out-Department under the Care of Mr. Hillman.)

The first patient we saw was a young, strong, active-looking woman, who complained of tumours upon the right knee, upon the right forearm, and upon both buttocks, exactly in the place where she rested when sitting.

On examination, the tumour on the knee proved to be a bursa that had become distended with fluid.

Mr. Hillman dwelt carefully on the diagnosis between this enlargement of the supra-patellary bursa and the enlargement of the synovial sac of the knee-joint:—In the former case, the articulation is wholly free from complication, and hence the patient will not complain of the stiffness of the joint so characteristic of the articulation being engaged in some morbid action; nor of pain in the joint, created either when it is used in standing, walking, or any other exercise of the legs, or when the heel is struck by the surgeon in his examination, necessary for the detection of any lesion; nor will complaint be made of a sensation as though a piece of leather were placed between the thigh and leg bones; nor of a boring, gnawing pain on the inside of the knee, as is present when disease of the cartilages is occurring; nor, in fact, will any reference be made to the articulation that would lead the surgeon to consider it affected. It may be, however, that stiffness may be complained of, but on more closely interrogating the patient, it will be found that this sensation is one rather of tightness outside the articulation—just as if a band were tied round the leg at the joint—than of stiffness in the articulation itself.

Moreover, in supra-patellary bursal enlargement, the patella is—as exists in the healthy condition—fixed in its place by its own ligament and by the tendon of the quadriceps extensor cruris, which has its extremity affixed to this bone. Again, it is not more prominent than in health; not at all bulged out, or floating; nor does pressing it backwards occasion any pain in the joint. If the bursa be not very much enlarged, the edges of the knee-cap can be distinctly felt; but when—no matter how small may be the tumour—we attempt to bring the finger in direct contact with the anterior surface, we at once are made conscious of an impediment to our so doing, owing to the interposition of a foreign body, that foreign body being the distended bursa. Another and very obvious distinction is, that the bursal tumour is always, comparatively speaking, smaller, more circumscribed in its dimensions, more accurately defined, than occurs when the synovial fluid is increased in quantity and comes to swell out the sac in which it is contained.

In the case of the latter affection, the patella is lifted from its usual berth by the amount of synovia poured out, and is pushed forwards, its projection being in a direct ratio with the quantity of synovia excreted; moreover, the edges of the patella cannot be distinctly made out; and should the fingers be applied to that bone it will be found to be, not fixed, but quite moveable and floating upon the synovia; there will be some uneasiness, uncomfortableness, stiffness, or pain in the joint itself, the degree of abnormal sensation being proportionate to the extent of mischief, or in accordance with the stage to which inflammatory action may have advanced; there will, likewise, be pain or discomfort occasioned when the limb is used, or when it is percussed by the surgeon in the course of his examination.

Should ulceration of the cartilages be present, a peculiar boring, gnawing, darting pain will obtain in the entire articulation, but more especially in the inner side of it, as if, in fact, all the disease lay in the internal condyle of the femur and in the inner part of the head of the tibia; in addition, excessive and sickening pain will be experienced with every movement of the limb which, also, will be affected with constant startings that arouse the patient from the deepest natural sleep, that prove most harassing and wearing, and in some instances unamenable to the influence of opiates or to any kind of narcotics.

A grating sensation, evident to the patient, and distinctly to be felt by the surgeon as he moves the limb, is pathognomic of erosion of the cartilages, or of this condition and porcellaneous deposit combined. A creaking or crepitus is not to be confounded with the grating, since each, distinct—and readily distinguished by the experienced—from the other, is as distinctly symptomatic of distinctly different morbid actions in and conditions of the joint. The creaking or crepitus may betoken either that there is an undue amount of fluid poured out into the synovial sac of the knee, or that there is a hyper-secretion of the fluid naturally found in the sheaths of the tendons.

Mr. Hillman considered the tumour on the forearm to be of adventitious origin; its probable cause being, either a hurt received at the place whence it sprang into existence, or

constant friction from the nature of her employment. In referring to the removal by means of the knife, of tumours situated upon or in the neighbourhood of a joint, he dwelt upon the great danger of opening the articulation, and the consequences likely to supervene, should such an accident occur.

The next case of interest which came before him was that of a patient suffering from CROSS paralysis. By the term "cross paralysis" is implied that form in which a limb or part of the upper half of the body is affected, and a limb or part of the lower half of the opposite side of the body is afflicted in the same way.

The present case illustrated the meaning admirably; there was a palsied condition of the right arm, and the same condition of the left leg. The patient could not be called either hemiplegic or paraplegic, since neither condition existed completely, the palsy being limited to particular parts of the body—namely, to a limb on the opposite sides.

There is a cause of paraplegia to which we would make allusion, inasmuch as it is not generally discussed, and, perhaps, is not very much known to students or to junior members of the Profession. The cause referred to is GONORRHŒA.

The several steps of the affection are these:—First, gonorrhœa, which is either dried up by strong injections or allowed to run on into a gleet; stricture, we will suppose, supervenes in either case; as a consequence, irritation of the bladder sets in; the kidneys become affected; the spinal nerves and spinal cord itself share in the general irritation of the urinary apparatus; are attacked with disease; grow enfeebled, and no longer able to preside over their appointed functions; the limbs and all the parts to which the nervous influence was wont to be supplied lose tone, and, under no governing power, cease to perform their various offices, until at length they come to be devoid of their natural qualities or attributes, and ultimately are rendered quite useless.

This is a dangerous form of paralysis, since treatment is very often wholly ineffective, and the cases affected with it seldom eventuate successfully.

The next case was one of angular curvature, the patient being a woman of years somewhat under middle age. She was healthy in appearance, and seemed to be suffering merely from impaired digestion. The chief interest attached to the case is this:—Some time since the patient had presented herself at the dispensary complaining of lumps in the groins; an examination was instituted, and the lumps were diagnosed to be abscesses, probably in connexion with the disease which obtained in the vertebral column. The case was considered to be a hopeless one, and very little doubts were entertained but that it would terminate in death. However, Mr. Hillman thought it advisable to give the patient a chance of her life by opening the abscesses. This step he accordingly performed, and gave exit to thirty fluid ounces of purulent matter, the quantity which was contained in each abscess. Through months the case was watched with the greatest interest and anxiety, and at length Mr. Hillman had the satisfaction of seeing his attention, perseverance, and skill in treatment crowned with that success for which he scarcely had allowed himself to hope. The patient recovered and became restored to tolerably good health.

KING'S COLLEGE.

We have been requested to reprint the details of the following operation, which occurred in the practice of Mr. Smith, but which was, by an oversight on the part of our reporter, attributed to Mr. Wood:—

WARTY TUMOUR ON THE BACK OF THE NECK.

The patient was a man aged forty-five, and Mr. Smith remarked that the growth may have been originally of a nævoid character; that it had been irritated, being situated in a place where the clothes were very likely to be constantly rubbing it and producing abrasion of the skin; that, as a result of this constant irritation, it had taken on degenerative action, had passed through the several intermediate stages, until at length—from having been originally a benign growth—it had become one of the true malignant tumours, or, at least, very closely allied to that class. The growth was about the size of the palm of the hand, of a dark red, or purplish colour; its surface was irregular and of a warty appearance; it was not raised much above the surrounding skin; its base was hard and firm, and became fined down as it mingled with the neighbouring structures; there was mobility, but of a certain kind, which showed that there was some attachment to the subjacent muscles. The entire mass had lately taken on rapid growth, and this was one reason for considering it to be, if not actually malignant, at least of a malignant tendency. Carrying the knife around the base of the disease, and at the same time sufficiently wide of it to prevent the possibility of leaving any of it behind, Mr. Smith excised the whole. The incision was comprehensive, not alone as regarded width, but also as to its depth, since the tumour had taken root downwards, deeper than was at first supposed; and in consequence Mr. Smith dissected away a portion of the muscle upon which the tumour rested, and with the fibres of which it was probably amalgamated.

OPENING OF THE CARMICHAEL SCHOOL OF MEDICINE, IRELAND.

The new Carmichael School of Medicine, North Brunswick street, Dublin, was formally opened last Wednesday. The Richmond Hospital School, of which this will now take the place, was originally established in 1829, the late Surgeon Carmichael being one of those who assisted in its formation. That gentleman bequeathed the sum of 10,000*l.* towards the foundation of a new school, that sum to be so disposed of on the death of his wife should she survive him. The lady, however, generously handed over the money to the trustees, in order that her late husband's wishes might be more immediately carried out. The sum of 8,000*l.* was to be devoted to the erection of the building, and the interest on the remaining 2,000*l.* was for distribution in annual premiums amongst the students. The funds having been secured, the construction of the new building was intrusted to Mr. James Edward Rogers, architect, who immediately set about its erection. The contract was given to Messrs. Gilbert Cockburn and Sons, and on the 29th of March last the foundation-stone was laid by the Earl of Carlisle, late Lord-Lieutenant of Ireland. The edifice since that time has risen with great rapidity, and, with the exception of the painting and ornamental work, may be regarded as finished. The cost will be about 6,000*l.* In no case has convenience or utility been sacrificed to ornamentation. The design of the building is simple, the principle observed being to afford the best possible accommodation for carrying out the purposes for which it was intended. An expense of 400*l.* more than was contemplated in sinking the foundation rendered it necessary to dispense with some of the intended decorations. The design of the building reflects the highest credit on the architect. It is very simple, yet nothing appears wanting to render the edifice complete of its kind. The left portion is occupied by one of the most spacious and commodious lecture theatres in Dublin. A marble bust of the founder is placed in a conspicuous position in this apartment. The other portion of the ground floor is divided into various offices and a hall floored with encaustic tiling), from which the granite stairs ascend. The principal apartment on the upper story is the dissecting-room, which is large and well lighted, possessing also heating and cleansing apparatus. The floor is tiled, and can easily be flushed with water. Adjoining this room is one for demonstrations, having also raised seats at one side to avoid the crowding round of students that must necessarily take place in a dissecting-room. A trap-door in the floor of this apartment, on being raised, reveals a machine for hoisting weighty substances to the upper story. On the same landing there are also lavatory, anatomical lecture-room and museum, chemical theatre, and various other useful apartments. The interior generally indicates great [illegible] design and execution, and in adaptation

for a medical school. The hall, staircase, and ornamented roof present a pleasing appearance, their arrangement being somewhat novel. The front has a pretty, though unostentatious appearance. It is constructed chiefly of granite, with Caen and Portland stone dressings. The doorway is ornamented in a unique fashion, conventional foliage being incised, and otherwise rendered as pleasing, though less costly, than by the ordinary method of carving. Taking into consideration the neatness of the structure, the short period within which it has been erected, and the masterly style of the workmanship, too much credit cannot be given to the architect and the contractors. The school was opened under auspicious circumstances. The inaugural address was delivered in the lecture-hall of the institution, by Dr. Robert M'Donnell, in the presence of a crowded assembly of the principal medical gentlemen in Dublin, and a large number of students.

DR. M'DONNELL gave the following sketch of the founder of the school :—The Medical School, which may be said this day to have attained its majority, was called into existence in the year 1827 by three distinguished individuals. One of these, Ephraim M'Dowel, was cut off in the prime of manhood, yet not before he had given to the world, both by his writings and teaching, abundant proof that he had not allowed to lie buried in the earth the talent which God had given him. Another of the three is still among us. The presence of Mr. Adams to-day is a matter of extreme gratification to myself and colleagues. The additions he has made to surgical science and literature will gain for him an enduring fame. The third of these individuals was he whose name this school now bears. Richard Carmichael was born in Dublin in 1779. He was of an ancient and noble Scottish family. When the family title—that of the Earldom of Hyndford—became extinct in the principal line, he had reason to believe that his eldest brother had the best claim to it, but, by the destruction of some papers, the evidence fell short of legal proof, and the claim was never established. This marble bust, which forms a part of his munificent bequest to this school, is a truthful portraiture of his strikingly handsome features ; but how immeasurably does the dull cold marble fall short of the original. His countenance in a remarkable degree declared his character : his bold and open expression bespoke vigour of thought and tenacity of purpose, candour and determination. The most casual observer must have felt himself in the presence of a man who would not easily turn to the right or to the left from the path which he believed to be the path of rectitude. His noble presence was of that kind which gives a man weight with his fellow-men, and which, in his case, was increased by his acknowledged integrity and by his genial kindliness. Richard Carmichael commenced his professional life as assistant-surgeon in the Wexford Militia, but, leaving this service at the time of the reduction of the military establishment which followed the Peace of Amiens in 1802, he entered upon his career in Dublin at the age of twenty-four. He rose rapidly to distinction. In 1810 he was appointed one of the surgeons to the Lock Hospital, and in 1816 to the Richmond, Whitworth, and Hardwicke Hospitals. Much of his professional fame was due to his writings. Besides numerous memoirs in the medical periodicals and essays in the form of pamphlets, he published several important volumes, by which he founded the high reputation he acquired. To one of these works he owed the distinction of being elected corresponding member of the Royal Academy of Medicine of France, being the first Irishman upon whom this Academy —the most distinguished Medical body on the Continent— ever bestowed this high and rarely granted honour. He was greatly esteemed by his professional brethren. At the age of thirty-four he was elected President of the Royal College of Surgeons, an office which he filled on two subsequent occasions. In 1841 he was presented with a valuable piece of plate, accompanied by an address signed by 410 of his professional brethren, expressive of their sense of his unwearied zeal for the improvement of his Profession and the advancement of Medical science. At the comparatively early age of fifty-seven, while in the full vigour of life and extensive practice, he resigned his post as surgeon to the Richmond Hospital to make way for younger men. He was then nominated consulting surgeon, an office which he retained until his death. A second address was presented to him by the Fellows and Licentiates of the College of Surgeons resident in Dublin at the termination of his third presidentship, to mark their appreciation of "his unceasing exertions in promoting the best interests of the Profession, and of the kind encouragement which he on every occasion extended towards its junior members." In reply to this address he announced his intention to take an important step as regarded his private practice for the future, which was almost unexampled for its liberality. He said : —"Since the termination of my year of presidentship, I have relinquished all practice, except in my own house or in consultation with a qualified practitioner. This determination has in a great measure arisen from a desire to show a good example to my contemporaries, which I hope in due time they will follow for the benefit of their juniors." He so thoroughly believed in the greatness and nobleness of the Profession to which he himself belonged, that he spared no exertion to promote its advancement. He rightly conceived that the only true mode of forwarding this object was by seeking to improve the education of its members. For many years before his death he gave annually 50*l.* for prizes in anatomy and surgery in this school. He placed 500*l.* at the disposal of the Council of the Medical Association of Ireland, to assist that body in the attempt to effect certain reforms, which he desired to be based upon the following principles :—First, That of a good preliminary general education for students of Medicine. Second, That of a high and uniform professional education for all medical students. Third, That of a searching, demonstrative, and uniform examination for all candidates for a medical or surgical degree. Fourth, That of the separation, wherever practicable, of the profession of Medicine and Surgery from the scientific trade of the apothecary. To this educational institution he bequeathed 10,000*l.*, 8,000*l.* being for the improvement of the school, and 2,000*l.*, the interest of which is to be annually bestowed in premiums. With a view, also, to the promotion of medical reform, he bequeathed to the College of Surgeons 3,000*l.*, the interest of which was, at stated periods, and under certain conditions specified in the will, to be awarded by the Council of the College to the authors of the best essays on the subject of "Medical Education."

PROFESSOR STOKES OF DUBLIN ON MEDICAL EDUCATION.

In an introductory lecture at Trinity College, Professor Stokes made the following remarks on Medical Education : —For many years previous to the passing of the Medical Act, in 1858, the Profession was agitated by the struggle for medical reform, and among the evils complained of was the want of a fitting position for Medicine. The Act, however, had as yet done little for Medicine in that respect. It was true that by the creation of the Medical Council the Profession had been brought for the first time into direct contact with the Government of the country, and that the powers of the Council, as regarded registration, and as a criminal court, were large, and had been usefully and impartially exercised ; but as touching the social position of the Profession, it was but too obvious that the leading idea among the many promoters of the Act was the protection of the various licensing bodies in the exercise of that craft by which they had their wealth—not the placing of Medicine on a level with its sister faculties by the enforcement of a large and liberal education. If they took the original Act, which consisted of fifty-six clauses, and also the additional Acts passed since 1858, they had seventy-seven clauses of Acts of Parliament, but five of which related to education ; three of these, the 20th, 21st, and 22nd, were so worded as to render it doubtful to many whether they gave any power, direct or indirect, to the Council to interfere with extra-professional education. The 23rd and 28th clauses distinctly related to professional education, and these clauses were framed for the protection of the most miserable quackery that had ever soiled a noble calling. Men spoke

of the social position of Medicine, as compared with that of the Church and the Bar, without considering the remote and immediate causes of the evils they deplored. They should look to the past and to the present. If they studied the nature and history of man, they observe two great and co-relative phenomena, the instinct of worship and the obedience to law, or in other words the feeling of religion and that love of the just and the true for which so many had laid down their lives. Naturally, then, it followed that the ministers of religion and of justice, the priest, the patriarch, and the king were placed first in man's estimation. The priest, as standing between him and his God; the patriarch, who governed his early household by laws, hallowed by love and enforced by duty; and the king, who was the head of the law, and himself the personification of its justice. Medicine, on the other hand, if they passed by the Hippocratic period, was long only known as a rude and imperfect art among the Romans, principally practised by slaves, nearly extinguished after the fall of the Roman Empire, and only first appearing in the beginning of the ninth century as a pursuit related to mental culture; while surgery, down to recent times, was but a handicraft. Its position then, whatever that might be, was traditional, and the remote causes of that position were traceable to the earliest and noblest feelings of human nature. But let them turn to the more immediate cause of the state of things complained of, and inquire whether the Profession itself, or at least those who had exercised corporate powers in it, were free from blame. Did they come into court with clean hands? Was not the true cause of the grievance that by long custom, and for selfish ends, the heads of our medical corporations, and that class of universities which, by ignoring the value of an education in arts to the medical students, were really little more than faculties, had confounded instruction with education, had placed the special training first, often to the total neglect of that enlarged education which would enable their members to advance the real interests and support the true rank of a liberal and learned profession? As the result of that system, large numbers of uncultivated men had been and were still admitted into the Profession, and that was the cause which produced the evil of an inferior relative position, an evil of such magnitude that, were it not for the good and purifying influences of Medicine itself on the character of those engaged in its work and its charity, the consequences would be deplorable. At the time of the passing of the Medical Act, there were in the United Kingdom nineteen bodies, which had powers to grant diplomas entitling the holders to practise Medicine and Surgery, or either, according to their qualifications. Those institutions might be divided into four categories—First, universities, in the true acceptation of the term, with faculties of divinity, physic, and law, in which degrees would only be obtained after a full and equal education in arts. Second, universities in which that education was not a condition for obtaining the degree, and which, consequently, so far as Medicine was concerned, were faculties, not universities. Third, colleges of physicians and surgeons, which granted licences by examinations and required the fulfilment of a curriculum of special instruction of purely medical and surgical teaching. Fourth, the faculty of physicians and surgeons of Glasgow, the Apothecaries' Society of London, and the Apothecaries' Hall of Dublin, all of which followed the example of the Colleges of Physicians and Surgeons. But of all these, there were but three that by their practice essayed to give to Medicine its proper position, in an educational point of view, as compared with divinity and law, and these were the old universities of Oxford, Cambridge, and Dublin. Yet to say that the remaining bodies had ignored the study of arts would be going too far, for in most cases some form of preliminary examination was provided; but in giving effect to such regulations it was certain that great laxity had prevailed. Even if these tests had been carried out in good faith, their value, as compared with that of the university system, was next to nothing. The system, in truth, was in most cases deplorable. A young man, often little more than a boy, was sent from his parent's roof, and plunged into a medical school in a large city. As to discipline, there was none for him; as for example, he had that of his fellows. There were none to care for him; he might degrade himself to the last extreme. After a time one idea took possession of him—how he might best obtain his diploma; and so he resorted to the "crammer," under whom he remained until his fourth year of misspent time was passed, and then, with crowds of other victims, he was turned out to commence his professional life, ignorant even of his own business, with his observing and reasoning powers uncultivated, his moral senses necessarily blunted, his tastes unrefined, his literary attainments, if he had any, forgotten. Unfitted by his habits for independent thought, he entered on practice, and what wonder if he occupied an inferior place in society when he found, too late, that he wanted that mental culture which would enable him to support the position of a gentleman or the dignity of a profession?

ABSTRACT OF A PAPER ON THE PAINLESS EXTINCTION OF LIFE IN ANIMALS DESIGNED FOR HUMAN FOOD.

By HENRY MACCORMAC, M.D.

Addressed to the Royal Society for the Prevention of Cruelty to Animals.

I come forward with a proposal to render the parting of life to the creatures which we require for our use, if not absolutely painless, at least as nearly painless as it is possible to imagine. The act of dying, I affirm, may be rendered painless, or next to painless, while the preliminaries need entail no bodily suffering of any kind. At the same time, I do not expect that the community at large will at once abandon its time-honoured customs at my suggestions. I, therefore, do not appeal to butchers or their ordinary customers only, but to the humane and intelligent, in particular to those who feel and know that God has not handed over His brute creation to us except on the tacit but not less binding condition that we should work them no avoidable ill.

I cannot tell why no one, so far as I am aware, before now seems to have entertained the humane idea of putting animals designed for human food to death by means of carbonic acid gas, except that the first origin and growth of all useful ideas are slow. And yet the fact that carbonic acid gas takes away animal life speedily and even painlessly has long been well known: nay, was continually pressed, as it were, upon men's attention by the terrible casualties ensuing in consequence of persons falling into brewer's vats and other receptacles charged, either through Nature's operations or man's intervention, with the gas in question.

When in early life I was a student under Dupuytren, at the Hôtel Dieu, in Paris, the poor women, many of them, who kept stalls for the sale of fruit and other provisions in the public markets, were brought in burnt dreadfully, and yet unconsciously, while in the trance or insensibility occasioned by the gases, the carbonic acid and carbonic oxide—viz., which issued from the little *chaufferetes*, or braziers, filled with burning charcoal which the poor creatures were wont to place between their feet in order to insure warmth during the severe winter chills. They fell asleep, unconsciously, as it were, narcotised by the gases I have named, and in this state, unless haply rescued in time, their coals taking fire from the incandescent charcoal, often incurred the most frightful burns I ever beheld. I questioned many of these poor victims on the subject, but one and all they severally assured me that never had they experienced the slightest pain. Of course, it will be understood that I speak of pain as inflicted during the period in which the injury was incurred.

The extinction of life in small animals, as dogs, has long been performed as a sort of exhibition at the Grotto del Cane, therefore so named, at Lake Agnano, nigh Naples. With this property it would seem Pliny was well acquainted, since he has adverted to it in his Natural History. In modern times the circumstance has engaged the attention of various naturalists, and it has long been ascertained

that carbonic acid gas is the agent at work. But although the period of nigh two thousand years, and perhaps yet more, has elapsed since this property, as attaching to carbonic acid, first attracted notice, it has never hitherto led to any practical inference or result. In England the sacrifice of human life from falling into brewer's vats takes place from time to time, and is detailed any time these hundred years in the pages of the 'Gentlemen's Magazine;' but it has occurred to no one during that long period to liberate animals, oxen, sheep, pigs, fowl, and even fish, designed for food, from the cruel inflictions to which they are so commonly subjected, by means of the agent which acts so painlessly on man. It is not long, I confess, since the thought of its great applicability in the case of the inferior animals occurred to me, and I earnestly submit that the suggestion is one which should not be made in vain.

On Wednesday, the 25th of March, 1863, a boy, at Sion Brewery, Southsea, mounted on a forty-barrel vat, and while looking through the man-hole, fell among some wet hops, and speedily became a victim to the carbonic acid gas which emanated from them. The engineer, finding what had taken place, descended by a rope ladder, and forthwith became senseless. Another man, although cautioned, also descended, and shared the fate of those who had preceded him. The vat was then broken open, and the lifeless bodies were removed.

On the 21st of August of the same year, an inquest was held at Bromley, on a person who had ventured through a man-hole into a large vat in order to stir up the waste liquor and solids. No sooner had he gone down than he cried out, although he had tested the vat by a candle previously, "There is gas here!" and instantly fell back dead.

About three or four days since, some miles out of Belfast, a young man ascended a chimney in order, by means of a wet sack, to extinguish a burning flue. While in the act of doing so, he inhaled the gases, the carbonic acid and carbonic oxide, which issued from the burning chimney. In an instant, as if struck by lightning, the poor young man lost his foothold and rolled over quite dead. The awful promptness and rapidity with which these frightful casualties ensue, and accounts of which I might recite by hundreds, prove the sure and certain efficacy and fitness of carbonic acid for the object I have named. The very suddenness of its operation seems to preclude all pain. The persons acted upon do not appear to suffer, and the few who have been rescued declare uniformly that they knew nothing, and felt nothing.

These occurrences, time after time, are related in the journals of the day, and like events have frequently been detailed without leading to any desirable result. Now, the useful inference I would draw, and the plan I would strenuously urge, is the painless extinction of life through the instrumentality of carbonic acid gas, as regards animals designed as food for man.

I conceive, and would fain hope, that the simple publication of this proposal will induce the proper action, and lead to the universal adoption of a procedure so simple, painless, and effective, whose undesigned efficacy, as I have shown, has so often been tested at so much cost and so many sacrifices in the case of our own species. I cannot see a colour of objection to it. I see everything, on the contrary, in its favour. The frightful scenes of the slaughter-house, so repugnant to all right feeling and sense of humanity, would come to an end, and the animals designed for human subsistence would be bereft of life almost without a suffering or a pang.

The new method which I propose for taking away life in the case of animals, large or small, designed for the table, is simple in the extreme. A carbonic acid gas generator of suitable dimensions, fed with a little chalk and sulphuric acid, must be had to hand. The sort of generator made use of by the soda-water manufacturers would answer every purpose, even on the largest scale. The gas might be conducted by a pipe or duct into a stone or wooden reservoir or chamber, for carbonic acid gas is so much heavier than air, where the animal should be led. Even gas mixed with air would suffice. No sooner should the line of the gas rise above the level of the zone of respiration than, as in the case of the poor stall women of Paris, the Grotto del Cane, or the brewer's vat, the animal would at once fall prostrate and insensible, and, without experiencing any appreciable pain or suffering, expire.

A sort of india-rubber hood or bag could otherwise be adjusted to the creature's head, and, when so adjusted, the gas might be led on by a treadle pressed by the operator's foot. The instant the gas should surround the respiratory outlets, the animal's consciousness would cease. In order to prevent reanimation, the creature would have to be left a few minutes untouched, after which the butcher might resume his functions. In the name of universal humanity, and for the sake of the beings who share this world along with us—for he who has no response for the cry of nature in anguish is no true man—let this humane and painless procedure, which realizes a perfectly wholesome food without a shadow of risk to the operator, receive the attentive consideration to which the great importance of the subject so well entitles it.

GENERAL CORRESPONDENCE.

'POOR-LAW MEDICAL RELIEF.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your finding space for the following letter.

I am, &c.,

Weymouth, Nov. 9, 1864. RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
8th November, 1864.

MY LORDS AND GENTLEMEN,—I take the liberty of calling your attention to a report of the proceedings of the Southampton Board of Guardians at their meeting on Nov. 1st, in reference to "expensive medicines." In the speech of the mover of the resolution, it is stated, "It was impossible for their medical officers, with their present pay, to give to the pauper patients such expensive medicines as those referred to in the letter." My lords and gentlemen, this is the statement of a guardian of a large and influential incorporation, and was acquiesced in by the whole Board, as is proved by their resolution. For years past your medical officers, through me, have told you the same; surely, then, you will no longer delay to apply a remedy for such a lamentable state of things. I earnestly entreat you at once to lay down a rule by which all salaries shall be fixed, and not leave it discretionary for one Board of Guardians to give a salary which averages less than one shilling per patient, whilst another Board gives a salary which averages many shillings per patient. The latter part of the speech of the Southampton guardian is most important and is as follows:—"For his own part, he hoped to see the time when that Board had a dispenser and dispensary of its own, and when their medical officers should be paid without having to supply medicines, but simply to prescribe them; for he believed it would prove of benefit to the town by the, in many cases, restoration of their poor, to the great relief of the rates." Your medical officers, as a body, recommended to the Select Committee on Poor Relief, amongst other things, the establishment of dispensaries. The Committee unfortunately ignored that recommendation; but now that you have a similar recommendation from a Board of Guardians of a large and important town, I pray you not lightly to reject it, as its adoption would cure one-half of the evils complained of by your medical officers and be of vast benefit to the poor. The salaries of your medical officers should be based on three payments:—1. Pay for medical advice and attendance a certain sum, in proportion to the number of patients and distance to be travelled. 2. Pay for extra medical services—as confinements, accidents, &c. 3. In those unions or parts of unions where the inhabitants are widely separated, pay your medical officers a fixed sum per patient for medicine; but in all large towns and parishes under local acts establish dispensaries; in the metropolis one dispensary might serve for two or more

parishes. Adopt this course, and you will remove much of the ill feeling which now exists.

As the General Council of Medical Education and Registration of the United Kingdom is a legally constituted body, I think it would be well to consult them as to the amount to be paid the medical officers; if you adopt this course, I feel sure you will give general satisfaction.

I have prepared a short draft bill on the subject of Medical Relief, which it is intended to be submitted to Parliament next Session. If you desire it, I shall be happy to forward a copy for your inspection and, I trust, approval.

I have the honour to be, my Lords and Gentlemen,
Your obedient servant, Richard Griffin.
The Poor-law Board.

Extract from the 'Hampshire Independent' of Nov. 2.

Southampton Board of Guardians, Nov. 1.—Upon the question of providing medicines, Mr. Dowman said that he doubted not the surgeons of Southampton would not think that he was saying more than he ought when he said it was impossible for their medical officers, with their present pay, to give to the pauper patients such expensive medicines as those referred to in the letter (from Mr. Hawley, a Poor-law inspector), and which were universally admitted to be almost the only specifics in certain cases. For his own part, he hoped to see the time when that Board had a dispenser and dispensary of its own, and when their medical officers should be paid without having to supply medicines, but simply to prescribe them; for he believed it would prove of benefit to the town by the, in many cases, restoration of their poor, to the great relief of the rates. He proposed, as a reply to the query, that it was in the opinion of the Board undesirable for the medical officers to supply any medicines whatever, but that guardians should have dispensaries, and be ready themselves to supply whatever medicines might be required. Mr. Cave having seconded the proposition, it was carried unanimously.

THE DIRTY QUACKS.

To the Editor of the Medical Circular.

Sir,—In a well-written leading article in the number of your valuable Journal for November 2nd, appears a paragraph which you suggest should be added to an article on quacks in the 'Daily Telegraph.'

Having as little sympathy with those villains as yourself, I yet venture to recommend, by way of amendment to your suggestion, that all reference to their *religion* should be omitted. Such allusion is quite uncalled for and is very invidious. Unfortunately, the Jewish community numbers several (not "nearly all") of these depredators among its members, but I beg to submit that it has not by any means a monopoly of them. Nor are villanous attorneys confined to the Hebrew race. Extirpate the evil, root and branch; lash those who practise it mercilessly, as they deserve: but I humbly venture to suggest that you are no more justified in holding them up to public opprobrium *in connection with their religion*, which is sufficiently disgraced by having them among its adherents, than a Jewish paper would be in representing to its readers that the "Flowery Land" pirates belonged to "the Christian confederation of murderers." In the quotation I merely parody your own words.

I am, &c., A Jewish Physician.

Nov. 14, 1864.

[Nothing could be further from our intention than to cast any reflection on the Jewish religion.—Ed. Medical Circular.]

The European General Hospital, Bombay, of which the foundation has been laid, is from the design of Mr. T. Rogers Smith, of London. It will be a handsome building, of 500 feet in length. Most of the arrangements of the building, and many of the actual dimensions, were fixed by the medical officers of the institution, and a plan embodying them formed a part of the instructions issued to the architect.

LEGAL INTELLIGENCE.

THE INFORMATION AGAINST "DR. DE ROOS."

The adjourned hearing of the summons against the person calling himself Dr. De Roos took place on Tuesday last, at Uxbridge, at a Special Petty Sessions, held before T. Dagnall, W. W. Drake, and J. W. F. de Salis, Esqs. Mr. Talley again applied for an adjournment of the case, in order to obtain the presence of certain witnesses. This was opposed by the counsel for the defendant, and ultimately the magistrates came to the conclusion to refuse the application, and dismiss the complaint without costs.

BOW STREET.—November 8.

Dr. Charles Watson, of Berkeley House, 1 South crescent, Bedford square, was summoned at the instance of Augustus William Burt, 7 Oval road, Regent's park, under the statute known as the "Medical Act," for falsely representing himself to be a surgeon and physician practising under the Act.

Mr. Talley, a solicitor, conducted the prosecution, and Dr. Watson was defended by Mr. Lewis, jun., of the firm of Lewis and Lewis, of Ely place.

After several witnesses had been called, from whom nothing of any moment could be elicited,

Mr. Lewis submitted that no case had been made out against the defendant. It did not at all appear that he had represented himself as being registered, or as holding any English diploma.

Mr. Talley said he could not practise unless he was registered. He drew the magistrate's attention to a decision at Bristol to that effect.

Mr. Lewis said it was an insult to the magistrate to ask him to be ruled by the decision of unpaid magistrates at Bristol.

Mr. Flowers said the decision, if correctly reported, was clearly wrong in law. A man might practise, and might be a skilful practitioner, without being registered. He had a perfect right to refuse to register. By doing so he exposed himself to certain disabilities. He could not recover fees by an action at law, and he could not hold any situation under Government; but he was not liable to penalties unless he represented himself as being registered, or falsely and knowingly assumed titles to which he had no right. He dismissed the summons.

MARYLEBONE.

William Anderson, *alias* Wilson, was brought up from the House of Detention, and Alfred Field Henery, *alias* Osterfield Wray, surrendered in discharge of his bail, to answer the charge of conspiring to defraud Captain Montague Augustus Clarke, of the 50th Foot.

Mr. Fry, of the firm of Messrs. Fry and Trimmer, Dane's inn, Strand, appeared for the prosecutor; Mr. Lewis, jun., for Henery, and Mr. Wilding for Anderson.

There was no additional evidence given beyond what has already appeared, and both parties were committed for trial at the Central Criminal Court.

Henery's bail was again tendered and accepted, himself in 500*l.*, and two sureties in 250*l.* each. The same bail would have been taken for Anderson, but none was forthcoming.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 3rd inst.:—Arthur Bayley Adams, Lymington, Hants; Joseph Henry Benson, Cambridge; George Gill, Liverpool Royal Infirmary; Walter Hugo Reed, Tiverton, Devon.

At the recent examination for prizes in Materia Medica and Pharmaceutical Chemistry annually given by the Society of Apothecaries, the successful candidates were:—1. William Lively Shepard, St. Bartholomew's Hospital: a gold medal. 2. Stephen Wootten Bushell, Guy's Hospital: a silver medal and a book.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 16, 1864.

THE PROPOSED AMENDMENT OF THE MEDICAL ACT.

We believe we are correct in stating that the Branch Council for England have agreed to apply to Parliament for an amendment of the Medical Act, and that the views of those who formerly dissented from the expediency of such a step have been very considerably modified by the late unblushing attempts successfully made by the most infamous of the quack fraternity to assume the names and titles of respectable Medical men.. In whatever way magistrates or even judges may distort the plain meaning of the Act of Parliament by verbal quibbles, there can be no doubt whatever that the intention of the framers of the Act was, as is stated in the preamble, to enable "persons requiring medical aid to distinguish qualified from unqualified practitioners;" whereas, by recent magisterial decisions, it is affirmed that persons having no qualification at all, or having fictitious ones, or assuming fictitious names, and practising Medicine, are completely justified by law in so doing, so long as they do not represent themselves as *registered under the Act of Parliament.* This is such a complete perversion of the spirit, if not of the letter, of the Act, that some authorised interpretation is imperatively called for. The 40th clause of the Medical Act stands as follows :—

"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, or any name, title, addition, or description, implying that he is registered under this Act, *or* that he is recognised by law as a physician, or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

Now, in our minds, not being lawyers, it appears to be the veriest quibble to declare that persons may assume the name of Liston, Watson, Brodie, &c., may call themselves doctor, and may issue unlimited advertisements inviting the public to medical consultations, and so long as they do not expressly declare that they are registered under the Act of Parliament, they are exempt from the provisions of the Act. To us it appears that by the very fact of their advertising themselves as doctors, and announcing their hours of consultation, and appending their titles (generally fictitious), they *do* represent themselves as recognised by law as medical practitioners, and that the public *do* resort to them under such a misapprehension. It is, again, the veriest quibble to assume it to be necessary that the twenty or thirty millions of people constituting the population of Great Britain ought all to have by them a copy of the 'Medical Register,' in order to direct them to a duly qualified medical man. When a person wants a lawyer, is he obliged to consult the 'Law List'? Or when a man is going to be married, does he consult the 'Clergy List' to ascertain whether the clergyman who is to marry him is regularly ordained? To put the matter plainly, suppose the following announcement were to appear every day in the newspapers, would or would not the public (in the absence of all contradiction) assume that the advertiser was what he professed to be?

"MR. SERJEANT BLUSTER, M.N.S., of the Middle Temple, gives advice in all matters relating to Bankruptcy and Divorce. Hours of consultation, ten to twelve in the morning and six to eight in the evening."

This advertisement might all be true. Mr. Serjeant Bluster may be, or might have been, a sergeant in the militia; the letters M.N.S. might indicate that he was Member of No Society; and his connection with the Middle Temple might be truthfully explained by the fact that he was in the habit of walking in the Temple Gardens in the autumn to look at the chrysanthemums. Now, the above imaginary advertisement by a quack lawyer is an exact paraphrase of hundreds of quack medical advertisements which have appeared for years in the newspapers, and we ask whether, in our supposed case, the quack lawyer would not be summarily punished and his practice annihilated? Why, then, should there be one law for the lawyer and another for the medical man? We pause for a reply, and shall be glad if magisterial wisdom can give a satisfactory answer. In the meantime, the injustice of tolerating quack doctors, and suppressing quack lawyers, must be manifest to everyone who has the least power of reflection.

In the above remarks we have no desire, as some of the friends of quackery may suppose, to prevent the public from consulting quacks, if they please to do so. Let the public use their own discretion in the matter, by all means; but let them know distinctly whether the persons they consult *are* or *are not* regularly qualified practitioners of Medicine, and legally recognised as such. It is not too much to ask that a Medical Act should, at any rate, be able to accomplish an object which is already fully attained by the sister professions of the Bar and the Church.

A ROMANCE OF REAL LIFE.

The common saying that "truth is stranger than fiction" has been lately remarkably exemplified in a trial by jury which took place during the last week in the Rolls Court, and elicited some very conflicting testimony as to the facts of the case. One side contended that a certain child was the offspring of a Mr. and Mrs. Gedney, and thereby entitled to a sum of money settled on the parents at their marriage; while the other side maintained that the child was not the offspring of Mrs. Gedney at all, but a supposititious child procured for the purpose from a lying-in hospital. Some medical practitioners, regular and irregular were concerned in the affair, and the whole case presents some very important features in a medico-legal point of view.

The real plaintiff in the suit was the child, now about

ten years old; and it was alleged that Mrs. Gedney believed herself to be in the family way towards the end of the year 1853, and in the beginning of 1854 came to London in order to obtain medical advice on account of her general health, more particularly for a spitting of blood. On the 10th of February, 1854, while living in London, she was said to be suddenly seized with the pains of labour and sent for a person named Goss, who, it was alleged, delivered her of a female child. The husband, Mr. Gedney, was at this time in Lincolnshire, but on receiving the news of his wife's confinement came up immediately to London, and, being dissatisfied with Goss, he paid off and discharged that person, who, together with Mrs. Goss, had been in attendance during the alleged accouchement. The place of Goss and his wife was supplied by Dr. Arthur Farre, the present Physician to the Princess of Wales, and he, declining any consultation with Goss, took charge of the case. Dr. Farre does not appear to have entertained any doubt as to the fact of Mrs. Gedney having been recently delivered, and he attended her from the third or fourth day after the alleged delivery, until her recovery. If we understand Dr. Farre's evidence at the trial, he deposed that he had not the least doubt that Mrs. Gedney had been recently confined, although the grounds of his opinion are not stated. He also declared that he had no doubt the child had been recently born; but this was admitted on both sides.

A child being thus, whether legitimately or illegitimately, introduced into the family, it was brought up as Mr. and Mrs. Gedney's offspring until the year 1857, when Mrs. Gedney died of consumption; and before her death it was stated that she had confessed the child was not her own, but had been brought from a lying-in hospital. She stated, however, that she had been delivered of a still-born child, and she explained her motive in practising the deception to be to impose upon Mr. Gedney, and said she had done it on account of her husband's unkindness. It must be admitted that this confession, although made when the poor lady was very near her death, is not very intelligible, and is not borne out by the evidence, which, so far as the case for the defence goes, seems to show that Mrs. Gedney was never confined at all; while it is difficult to conceive what object could be gained by palming a changeling upon her husband. In fact, the circumstance of his having a child would be of positive advantage to Mr. Gedney, who would be the heir of the infant if it died, and who, if it lived, would enjoy the interest of the child's money until it arrived at the age of twenty-one. The only imaginable motive on Mrs. Gedney's part could be to win back her husband's affections by the course she pursued, though it is not at all clear how her conduct was likely to attain that object.

But now we come to explain, as far as the evidence goes, the machinery by which the supposititious child was introduced as Mrs. Gedney's offspring; and as we have to deal with one of the advertising fraternity of the irregulars in the remarks we are about to make, and as this class of practitioners is under the special protection of the magistrates and the lawyers, we must confine ourselves strictly to the evidence adduced. It is sworn, then, that on the night of the alleged confinement of Mrs. Gedney, Goss and his wife arrived in a cab, the latter having a bundle under her cloak, and after being with Mrs. Gedney about two hours, the landlady of the house where Mrs. Gedney was lodging was gratified with the sight of a baby. She had discerned no symptoms of labour in Mrs. Gedney, she saw no appearance of milk in her breasts, and Goss told her that he had burnt the afterbirth. Another scene in the history is laid at the York road Lying-in Hospital, where, exactly about the time when Mrs. Gedney was said to be confined, a young woman who had just been delivered of a female child disposed of the latter to a gentleman and lady, who were sworn to, by one of the witnesses, as Goss and his wife.

It is a curious feature in the case, as showing that the practice of law is rather to gain a triumph for one side in a suit than to discover the truth, that Goss and his wife, who certainly knew a good deal more about the matter than any of the witnesses who appeared, were called by neither side. Mr. Gedney, in his cross-examination, indeed, declared that he could not find Goss, although he had endeavoured to do so; but this is rather strange, considering that the latter constantly advertises his address; and, moreover, it was proved by one of the witnesses for the defence that a subpœna had been actually served upon Goss and another upon his wife, and it is very possible that they were actually in attendance at the court.

Such are the leading facts in this very curious case; and dismissing altogether any inquiry about the conduct of the Gosses, it must be admitted that the Medical evidence is not by any means of a satisfactory nature. Dr. Arthur Farre states that he has no doubt whatever that Mrs. Gedney, when he saw her, had been recently confined, and it is probable that he gave in evidence some proof that such an occurrence had taken place. Still, nothing appears in his published evidence to confirm this view, and no mention is made of the state of the abdomen, the uterus, or the breasts. On the other hand, a Dr. Porter testifies that he accompanied Mrs. Gedney to Dr. Blundell's in 1852, when she was pronounced not to be in the family way, although she thought that she was. This evidence proves nothing at all, because the child was not alleged to be born before the beginning of the year 1854. Then Dr. Grantham, of Lincolnshire, who saw Mrs. Gedney professionally in August and September, 1853, could give no opinion as to whether she was or was not pregnant at that time, but testified that she was then suffering from gonorrhœa—a circumstance which could have no bearing upon the question of pregnancy. Dr. Porter, also, is said to have examined Mrs. Gedney's body after death, but from the appearance it presented he concluded that she had never had a child. How Dr. Porter came to this conclusion is not stated. It was proved that Mrs. Gedney had had two miscarriages, and therefore there would be corpora lutea in the ovaries; but we are at a loss to understand how it could be established

under these circumstances, that a child had *not* been born. The jury brought in a verdict against the child, affirming, in fact, that it was supposititious; and we believe that their conclusion was a just one, but it was drawn rather from the non-Medical than the Medical evidence, which was calculated rather to puzzle than enlighten them. At the present time, we are not quite sure that the matter will not be referred to another tribunal, in which case the evidence will be sifted all over again; but in the meantime our convictions are the same as those of the jury.

PROPOSED METHOD OF KILLING ANIMALS DESIGNED FOR HUMAN FOOD.

We have printed, in another part of the Journal, an abstract of a paper written by Dr. MacCormac, of Belfast, and addressed to the Royal Society for the Prevention of Cruelty to Animals, "On the Painless Extinction of Life in Animals designed for Human Food." The new plan consists in the application of carbonic acid employed in such a manner that the animal to be killed is instantaneously and painlessly deprived of life. Without having any practical experience of this proposition, we think, nevertheless, that the suggestion is a valuable one; and in a scientific point of view, we cannot understand why the flesh of animals so killed should be unwholesome. Death, in the proposed plan, would result from suffocation, and not from the inhalation of carbonic acid; and most kinds of poultry are at present killed by asphyxiation. Even if carbonic acid were present in the system of animals used as food, it is difficult to understand how it could prove injurious, as no one has ever shown that this gas was deleterious when taken into the human stomach, however fatal it may be when inspired by the lungs.

REVIEW OF BOOKS.

Practical Observations on the Hygiene of the Army in India: including Remarks on the Ventilation and Conservancy of Indian Prisons; with a Chapter on Prison Management. By Stewart Clark, M.R.C.S. Eng.; Inspector-General of Prisons, North-West Provinces, India. Pp. 162. London: Smith, Elder, and Co. 1864.

The public attention has been at last so fully awakened to the connexion existing between the amount of disease and mortality among our Indian forces and the sanitary conditions under which they are placed, that any communication of facts tending to throw additional light upon the causes of disease, or any suggestions of remedial measures, must alike inspire the most lively interest among British readers. The short and compendious work before us, without pretending to any new development of theories in chemistry, physiology, or pathology, proves that the author is fully acquainted with the principles of those sciences, while his practical remarks and deductions indicate his personal acquaintance with the subjects on which he writes, and give great value to his proposals for hygienic improvement in our Indian army. Those who have perused the voluminous reports lately published upon the "Sanitary Condition of our Army in India" are now aware that the Asiatic climate is not alone responsible for the fearful amount of disease which prevails among soldiers in that part of the world, and sweeps off hundreds and thousands of men in the prime of life, or consigns them as premature invalids to the maintenance of the mother-country. The deleterious causes in operation in India, although more extensive in their ravages, are the same in kind as those which periodically decimate the inhabitants of European climates; and the extension of the same hygienic rules which have been found available in the latter regions will in all probability be attended with the happiest results to the dwellers in the Asiatic continent. The history of sanitary mismanagement in India is a repetition, though on a much larger scale, of similar negligence and apathy in our own country; but as hygienic science becomes more extensively studied, and intelligent medical men are more actively employed as health officers, there can be no doubt that the ratio of disease and mortality in India will be reduced more and more nearly to that prevailing in our own islands.

Mr. Clark, at the meeting of the British Association for the Advancement of Science in 1863, submitted some "Observations on the Injurious Effects of Foul Air," and offered some practical hints on the best means of ventilating barracks and other public buildings in India; but in the work he has now published he takes a wider view of the question of sanitation, and has treated the whole subject under different heads, arranged in what he considers to be the order of their importance. He still regards foul air as the chief source of disease, and therefore discusses this subject in the first instance, showing the peculiarities of the Indian climate that render natural ventilation imperfect, and the existing construction of barracks and tents as being unfavourable to the establishment of free currents of air among numbers of men. As the air in India is perfectly still during a great part of the day, it is necessary to resort to artificial means for securing ventilation, and Mr. Clark suggests the employment of fans driven by steam or bullock-power as best adapted to effect the desired end: and he gives a variety of plans, delineated by woodcuts, in which the best means of establishing currents of air are exhibited and explained. In considering the question of water-supply, and the impurities of water as causes of disease, Mr. Clark is obviously inclined to place less confidence in the purification of water as a hygienic measure than in the supply of good and abundant air, and he relates several instances, drawn from his own experience, showing that water evidently impure was less deleterious to ships' crews than might be anticipated. The water of the Hoogly, for example, which is often in a very impure condition from receiving the sewage of Calcutta, and from other well-known causes, is universally employed for the supply of ships on their homeward voyage to Europe, and yet there is very little evidence of epidemic disease having originated from this circumstance. Where disease has broken out in a ship's crew after leaving Calcutta, Mr. Clark attributes the circumstance rather to overcrowding than to the water-supply. Still, although in Mr. Clark's opinion the impurities of water do not constitute the sole or the chief causes of epidemic disease, they contribute very greatly to its outbreak in connexion with foul air; and Mr. Clark therefore gives a great amount of judicious advice as to the sinking of wells and the mode of using the water, whether for bathing, washing, or drinking; and he proposes a number of plans for the conveyance and filtration of water, with a view of rendering that fluid more palatable and more wholesome for the soldier.

Many other subjects of hardly less importance than the supply of air and water are included in Mr. Clark's pages: as the removal and utilisation of manure, the methods of draining, the apportionment of food, the employment of soldiers, and the financial cost of the improvements suggested. We strongly commend this little work, which deserves to be consulted by all persons who are interested in the welfare of our Indian army.

Photographs (coloured from Life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B. Lond. No. III. London: Churchill and Sons.

The present photograph, which is remarkably well-executed and is a life-like representation, illustrates a case of lichen inveteratus, occurring in a woman aged forty-five, in whom the disease had existed for sixteen years. It is seen to occupy the back of the neck and shoulders, and is symmetrically developed on each side of the middle line. The peculiarly angry appearance of the eruption and the congestion of the venous capillaries are very well shown,

and the examination of the photograph by a lens brings out still more strongly the characteristic features of the affection. As usual, the plate is accompanied by a description of the disease, its varieties, and treatment.

REVIEW OF THE PERIODICALS.

The 'Lancet.

Dr. Humphry, of Cambridge, communicates an "Abstract of a Lecture on the Vertebral Theory of the Skull," in reply to Professor Huxley's objections. It is well known that Goethe first originated the idea of the skull being composed of a series of modified vertebræ, and this view was formally propounded by Oken, and subsequently worked out by Professor Owen; but lately the theory has been opposed, chiefly on the ground of developmental appearances, by Professor Huxley. Dr. Humphry, however, adheres to the vertebral theory generally entertained; and even upon the developmental features on which Professor Huxley takes his stand, he considers that the objections of the latter physiologist are untenable. Professor Kölliker, in his recent work, the "Entwickelungs-geschichte des Menschen und der höheren Thiere," also considers it pretty certainly proved, chiefly from the phenomena of development, that the several parts of the primordial skull belong to the vertebral column, and ought to be regarded as its modified anterior termination.——Dr. Marion Sims continues his "Clinical Notes on Uterine Surgery, and the Diagnosis and Treatment of Uterine Polypi." He figures a modification of Chassaignac's *écraseur*, to which he has added a *porte-chaine*, or a pair of dilating forceps, with spring blades, which render the chain stiff, so that it may be passed straight into the vagina or into the cavity of the uterus, and then opened by approximating the handles. Dr. Marion Sims describes a case of intra-uterine polypus, the existence of which was ascertained by means of a sponge tent.——Dr. A. H. Hassall contributes a paper "On Pyelitis, or Abscess of the Kidney," and relates two cases of successful treatment of that affection. In the first case the treatment consisted of opiates, with sulphuric acid to check the profuse sweating, decoction of pomegranate bark, and the use of the fresh fruit, and afterwards large doses of concentrated decoction of uva ursi. In the second case, the patient had passed several renal calculi, but still suffered very severely from pain in the left lumbar region, till at last an abscess formed in that part, and was opened. A considerable quantity of pus was discharged, but eventually the opening closed, without any calculus being discharged. The patient recovered, but the calculus was still, in all probability, impacted in the pelvis of the kidney, the function of which was performed by the other kidney.——Mr. Thomas Smith describes "An Instrument for Controlling Hæmorrhage in the Operation for Hare-lip," and he considers the instrument likely also to prove serviceable in controlling hæmorrhage in many operations on the lip and cheek, and for nævus of the face.——Dr. A. T. H. Waters, in commencing some "Contributions to the Pathology and Treatment of Certain Diseases of the Heart and Lungs," describes the condition of the heart in emphysema of the lungs. The chief cardiac affection produced in this disease is said by Dr. Waters to be a general hypertrophy and dilatation of the ventricles, the left being affected as well as the right.——Dr. Isaac Pidduck contributes a short paper "On the Mechanism of Speech."

The 'Medical Times and Gazette.'

Under the head of "Original Lectures," we find a lecture by Mr. Laurence, "On the Optical Defects of the Eye." The subject which engages consideration is "Hypermetropia;" and first an inquiry is made into the fact that parallel rays are focussed behind the retina. The hypermetropic eye has little power in converging the rays of light. When the lens is removed the eye becomes hypermetropic, owing to the loss of the converging power. This condition of sight most frequently depends on congenital formation of the globe of the eye. In the second place, that "the hypermetropic eye in a state of rest is adapted for convergent rays," is considered. Convergent rays—that is, rays which are converged in front of the cornea—are focussed, although the eye be in a hypermetropic condition. The remedy for this affection of the eyes is a convex lens of such a power as to make incident rays converge before they fall upon the retina, and in such a way that a faithful image is formed on the retinal membrane. Thirdly, it is laid down as an axiom that "the far-point of a hypermetropic eye in a state of rest is at a definite distance from the eye and negative." The amount of existing hypermetropia can be measured by the degree of convexity of the lens required to correct the deficiency of vision. The eye affected with this condition does not, however, lose its power of accommodation, and is therefore able to adapt itself to beholding distant objects; by destroying this power of accommodation—which can be done with the use of atropine—the true amount of the disease may be calculated. The defect may originate asthenopia and convergent strabismus. A good test for myopia and for hypermetropia is the unequal refrangibility of the different coloured rays of the solar spectrum. The degree of convexity of the glass cannot be specified by any determinate rules which can be applied theoretically to the case of each patient, but must be determined by the trial of several glasses. A pathognomonic objective symptom of the ailment referred to is that "the direct image of the fundus oculi can be seen by an observer if his eye be healthy).——Inspector-General Hare continues his original communication "On the Treatment of Malarious Fever." The paper begins with an account of Dr. Johnson's treatment of malarious dysentery by means of bleeding and 5j. doses of calomel, and in the course of the paper the injurious effects of this plan of treatment are pointed out. The history of the treatment is then continued.

Wine for the Sick.—On the complaint of Mr. Warren, the medical officer of the Risborough district of the Wycombe Union, the question of the supply of wine to the sick poor was discussed. The only wine hitherto supplied was tent; it was, however, determined that good port should in future be given.

THE CASE OF DR. SAMUEL DAY GOSS.

We have been requested to publish the subjoined statement:—

The following gentlemen deeply sympathise with Dr. Samuel Day Goss in the painful position in which he has been lately placed in having to defend himself against an indictment for manslaughter, the result of a combination of circumstances which admitted of a full explanation, and which, when fairly and dispassionately considered, in no way justified the proceedings.

They believe that his professional brethren are desirous of bearing him harmless in regard to the expenses he has incurred in carrying out his defence, and have therefore formed themselves into a committee for that object.

Subscriptions of half a guinea will be received by any member of the committee:—C. Corbett Blades, M.D., 53 Newington place, S.; Alfred Elsworth, F.R.C.S., 11 Trinity street, S.E.; Wm. T. Iliff, M.D., 19 Canterbury row, S.; Joseph T. Mitchell, F.R.C.S., 8 Percy place, Clapham road, S.; C. W. C. Otway, F.R.C.S., 7 Canterbury row, S.; G. P. Rugg, M.D., 7 Clapham road place, S.; Nowell Stowers, M.R.C.S., 30 Newington place, S., Treasurer; David Taylor, M.R.C.S., Kennington row, Kennington park, S.

[The above appeal has our hearty sympathy, and we hope that the Profession throughout the country will come forward to offer their assistance in enabling Dr. Goss to avoid at least the pecuniary expenses entailed upon him by his late prosecution. Although it is almost unnecessary to mention the fact, we may state that Dr. Goss is in no way connected with the person of the same name who was mentioned in a late case tried before a jury in the Rolls' Court.—ED. MEDICAL CIRCULAR.]

MEDICAL TRIAL IN SWITZERLAND.

The late trial at Berne ended in the acquittal of Madame Trümpi and Dr. Demme, and the facts throw a curious light on the peculiarities of Swiss criminal procedure. The prisoners, being respectively the widow and the physician of the deceased, M. Trümpi, were accused of conspiring to poison him with strychnine. The circumstances were remarkable for the duration of the inquiry and in the imposing array of scientific witnesses. The duty, however, of striking a balance between their conflicting testimony was confided by the Swiss Court to the "College of Health." To this council of assessors certain questions seem to have been referred, and its report, embodied in eight separate propositions, influenced the result very materially. The effect of it was that the immediate cause of M. Trümpi's death was apoplexy, produced by strychnine (!) at a time when he was suffering from nervous depression; that Dr. Demme had given an improbable account of the symptoms immediately preceding the seizure, and had otherwise acted unprofessionally; that there was no ground for the supposition of accidental poisoning, but that there were some reasons to suspect suicide; and that, from a scientific point of view, the administration of poison by the hand of another could not be inferred from the admitted facts. One consequence of this report was, that Dr. Demme, although acquitted, was sentenced to pay half the costs of the trial, while his co-defendant received an indemnity. The particulars of the case were related in the 'MEDICAL CIRCULAR' of Nov. 2.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOV. 1ST, 1864.

MR. PRESCOTT HEWETT, PRESIDENT.

A REPORT was read by Dr. HARLEY and Dr. MURCHISON on a specimen exhibited by Mr. H. Smith as one of Cancer of the Thyroid Body. The reporters believed that the disease was cancerous, but that it originated external to the thyroid, although the thyroid was secondarily affected; the glands in the neighbourhood were also implicated.

Mr. HOLMES exhibited a Multilocular Cyst of the Ovary unsuccessfully removed by ovariotomy. The patient died in two days of exhaustion, with commencing peritonitis.

Dr. GIRB exhibited specimens from a case of

NECROSIS OF THE TURBINATED BONES AND VOMER

expelled from the posterior nares of a gentleman aged forty-five, affected with ozena since Christmas, 1863. A slough of the size of an oyster came away once a fortnight, and the uvula was absent. Rhinoscopy showed large ulcers on the posterior surface of the velum, with red margins, extending into the floor of both nostrils, and involving the left turbinated bones. These were examined from time to time, and subsequently the slough was seen at the base of the septum. The slough continued to come away until the 21st July last, when a large one was expelled of the size of a smalt hen's egg, containing the left middle turbinated bone. A great hollow was now seen with the rhinoscope at the floor of the nostrils, with deficiency of a part of the vomer. From this time the heretofore intolerable odour and all the distressing symptoms of ozena disappeared as if by magic, and the exposed surfaces of bone became covered up by membrane. When seen in September, he was found to be quite cured. The history was specific, and recovery was effected by constitutional as well as local treatment.

Dr. BRISTOWE brought forward a case of

OBSTRUCTION OF THE MIDDLE CEREBRAL ARTERY AND SOFTENING OF THE BRAIN.

The patient was suddenly seized with loss of power on one side, giddiness, &c. He had had secondary syphilis four months previously. After a slight improvement he was again seized with unconsciousness, and paralysis of the opposite side to the one first affected; followed by coma and death. The heart-sounds were healthy. After death the right cerebral artery was found obstructed by a decolorised clot, and the right middle lobe was softened throughout. There was also a cavity in the left corpus striatum. Dr. Bristowe referred to some cases which he had published some years ago, in which obstruction of the arteries had occurred after an attack of syphilis, to which attack he was inclined to attribute the coagulation of the blood.

Dr. MURCHISON showed some fluid removed by tapping from a hydatid cyst of the liver in a woman aged thirty-one, who had been seized suddenly with severe pain in the liver, vomiting, and symptoms of peritonitis. After the acute symptoms had passed off, a tumour was discovered attached to the anterior edge of the liver, of large size, and extending to the umbilicus. She was then admitted into the Middlesex Hospital; and while there, she had several attacks, similar to the first one, of local peritonitis, characterised by the usual symptons, and by friction both heard and felt around the tumour. After the last of these the tenderness became permanent. The tumour was tapped, and twelve ounces of the fluid exhibited were removed with a fine trocar. After the operation, the parietes of the abdomen were kept pressed against the tumour, and the patient was kept perfectly quiet. She went on well, and was convalescent at the time of speaking. Dr. Murchison dwelt on the methods of treatment which might be adopted. He did not think that tumours of this size had much chance of spontaneous cure. If the tumour burst, death was certain if the rupture occurred into a serous sac; if into the bowel or through the skin, death was the most probable result. Hence he believed that a surgical operation was justifiable, as all medical means were useless. In this case the examination of the fluid showed no albumen, but a large quantity of chloride of sodium, as was usual in hydatid tumours. No echinococci were found.

Dr. RISDON BENNETT drew the attention of the Society to a danger connected with the puncture of such cysts—viz., that the bile-ducts might be so freely opened as to cause a serious drain of bile from the puncture, of which he quoted an instance in a child under his care.

Dr. HARLEY related a case in which, two years after the tapping of a cyst in the liver, a hydatid cyst was tapped in the thyroid body. He attributed the flow of bile in the case related by Dr. R. Bennett to suppuration following the tapping, and so ulcerating into the bile-ducts. The same was also (as he explained) Dr. Bennett's theory of the case.

Dr. Bristowe referred to cases which he had described, in which large ducts were found opening into hydatid cysts.

Dr. Broadbent showed a case of

DISTENSION OF THE KIDNEYS IN A CHILD.

The distension was so great as to be quite perceptible during life. Iodide of potassium was administered, and under its influence, with friction, enormous quantities of urine were passed, and the distension subsided, probably as a consequence of the friction. The bladder was also enlarged, rendering it probable that the obstruction existed in front of the bladder, but a catheter was easily introduced.

Mr. Heath related a case at the Dreadnought Hospital, where a flap of mucous membrane in the urethra obstructed the flow of urine, and produced fatal distension of the kidneys and bladder, without any obstacle to the passage of the catheter.

Mr. Hulke rather believed that a small calculus might have lodged in the urethra, and afterwards escaped.

Dr. Bristowe referred to a case in which there were folds of mucous membrane at the mouths of the ureters.

Dr. Harley believed that in this case the obstruction would be found in the ureters.

Dr. Gibb suggested whether it were possible that a tumour might exist making pressure on the ureters.

The specimen was referred to Dr. Harley and Dr. Broadbent for examination as to the existence of obstruction in the ureters.

Dr. Broadbent also showed a case of Very Small Kidney and Supra-renal Capsule.

Mr. Sydney Jones exhibited a

CYSTICERCUS REMOVED FROM THE NEIGHBOURHOOD OF THE FEMALE BREAST.

The woman had been suckling, but the swelling seemed to have existed before suckling commenced. After puncture a small quantity of pus came out, followed by a large cysticercus, which Mr. Jones believed to have originated in the pectoralis major muscle. The woman was not suffering from tape-worm.

The same gentleman also brought forward a case of

MALFORMATION OF THE FOOT,

presenting the appearance at first of two great toes. On dissection of the sole of the foot, it was found that the large toe, which looked at first like a great toe, was really a second toe, in which the three phalanges were much hypertrophied and anchylosed together. The hypertrophy was congenital.

Mr. Curling stated that hypertrophy of the congenital kind was often seen in the fingers, but less frequently in the toes, perhaps because the latter are removed at an earlier period.

Mr. Teevan exhibited two specimens of

DEPRESSED FRACTURE OF THE SKULL,

for which no operation had been performed. The patients, both adults, made good recoveries, and died many years afterwards from causes unconnected with the injuries received. In one case, the depressed fracture had been firmly consolidated and its sharp edges rounded off; in the other, the cavity had been filled up by a firm membrane continuous with the periosteum, and the margin of the aperture smoothed down.

HARVEIAN SOCIETY.

November 3rd, 1864.

William Adams, Esq., F.R.C.S., President.

Mr. Balmanno Squire, M.B., read a paper

ON THE DIAGNOSIS BETWEEN SYPHILITIC AND NON-SYPHILITIC DISEASES OF THE SKIN.

The author, after remarking on the importance of the subject, observed, that an eruption, even when the question of antecedent primary syphilis was well made out, was by no means necessarily of syphilitic origin, and that where an eruption was clearly syphilitic, it was often extremely difficult to obtain a history of primary syphilis; he, therefore, placed very little reliance on inquiries of this kind as a means of diagnosis. The best evidence that we could obtain of the nature of an eruption was the evidence that was within our personal knowledge. The most reliable direct evidence of previous chancre was the cicatrix left by that chancre. One of the most important means of distinction between syphilitic and non-syphilitic eruptions was the situation of the eruption. The most frequent situations for syphilitic eruptions in the order of their frequency were—the neighbourhood of the alæ of the nose, the angles of the mouth, the forehead near the roots of the hairs, the back of the neck near the roots of the hairs, the inner caultius of the eyelids, the middle of the chest, the inner surfaces of the limbs, the neighbourhood of the axillæ, and the groins. It might be stated generally that the face was the most favourable locality for syphilitic eruptions. *The age* at which syphilides most commonly appeared for the first time was another means of diagnosis. The most common age for this was between twenty-five and thirty-five. Infantile syphilis appeared generally at the age of one month. The earliest time at which the author had met with a syphilitic eruption dependent on syphilis communicable by intercourse was in the case of a female aged eight years. *The colour* of the eruption was a favourite, but, unless under certain restrictions, a fallacious, means of diagnosis. He meant that the notion that a coppery tint would enable one to distinguish syphilitic from non-syphilitic eruptions was an erroneous one. This tint was found more or less marked in every case of non-syphilitic psoriasis. Again, syphilitic eruptions did not present it at all at their outset; it was only as they became developed that the coppery tint gradually appeared. *The form* of the eruption was a more reliable means of diagnosis. Most commonly this was annular or oval; if not in actual rings, the eruption formed segments of circles—incomplete rings—or, by the juxtaposition of two rings, it might form figures of eight. This, of course, however, would not enable us to distinguish as by a touchstone syphilitic from non-syphilitic eruptions. Psoriasis, *e.g.*, sometimes occurred in rings; so did lichen; so, again, did herpes circinatus. Lupus was another example of a non-syphilitic eruption of circular form. *The absence of itching and smarting* was a peculiarity which would often aid in the recognition of a syphilide. *The mixed character* of syphilitic eruptions was another means of distinguishing them. Thus, in an eruption that was not syphilitic, it was rare to find rashes mingled with vesicles, or pustules with scales; not so in a syphilide. What might be termed *the products of the eruption*, such as the scales, or the crusts, were a means of diagnosis. *The scales* of a squamous syphilide were finer, smaller, and more adherent to the surface beneath than those of a simple squamous disease. The scaly patch, too, was circumscribed by a whitish border, to which great importance had been attached by Biett, as a diagnostic symptom. This whitish border was the result of the separation of the epidermis from the cutis around the diseased patch. *The crusts*, which might either follow the scales or succeed to pustules, were much harder, thicker, and greener than the crusts of a simple cutaneous disease; they were sometimes, at all events, at their centre, as thick as they were broad. *The ulcers* that were left by either pustular or tubercular syphilides were generally circular, with abrupt and perpendicular edges, and a grey pultaceous floor, the skin around them having a coppery tint. *The scars* left by a syphilide, though at first of a violet hue, soon acquired even a more decidedly tawny brown than the eruption that had preceded them; this tint in its turn faded: but even when the scar had at length been left perfectly white, its annular or reticulated form, as the case might be, would distinguish its origin. Another means of recognising a syphilitic eruption was attention to other changes produced by syphilis besides those wrought in the skin itself. With regard to the *sore-throat*, we should be on our guard against relying too much on it as a diagnostic symptom. There were many diseases of the skin (and some that resembled pretty closely one or other of the syphilides) that were dependent on scrofula, or, at all events, occurred more frequently in the scrofulous than in any other constitution. No people were more liable to sore-throats than the scrofulous; and perhaps no two diseases were more frequently confounded together

than syphilitic lupus and the lupus that occurs in the scrofulous. In doubtful cases, the question "Have you suffered from sore-throat?" is often allowed to settle the difficulty. The most characteristic condition of a syphilitic sore-throat was that marked by the presence of mucous tubercles or of cicatrices. The presence of *mucous tubercles* either in the throat or elsewhere was one of the most conclusive signs of syphilis that one could have. The erythema of the buttocks and scrotum that was so common in sickly children whose cleanliness was hardly attended to was often mistaken for infantile syphilis; and if they happened to have a cold at the time, it was still more likely to be set down to a specific cause. This mistake happened the more commonly because simple erythema in infants, as it faded, often assumed more or less of a tawny tint. The effect of the common remedy for infantile syphilis—grey powder—on the other class of cases is greatly to aggravate them. Again, the author had frequently seen severe cases of eczema in infants taken for infantile syphilis, and treated for it with the same unfavourable results. There was no better or surer means for establishing the disease to be syphilitic than the existence of mucous tubercles; when these were present, and in the majority of cases of infantile syphilis they were, their most common situations were the angles of the mouth, the alæ of the nose, the vulva, the anus, the scrotum, or within the mouth. The author then referred to *rheumatic pains* in the limbs, felt along the bones or or in the larger joints, *bitemporal neuralgia*, *falling off of the hair*, indolent *swellings of the glands* of the neck; and in the female, *frequent abortion*, or still-births, or suspension of the catamenia (not arising from any other ascertainable cause), as evidences of the syphilitic nature of an eruption, and to the *chronic course* and the progressive *changes in the character* of the syphilides, observing that it was not upon any one symptom alone, but on the general issue of the evidence afforded by many symptoms, that we should rely for our diagnosis of syphilides from the other diseases of the skin. He concluded by expressing his regret that the limits of a paper precluded his entering on the much larger subject of the diagnosis of the different syphilides in detail from the several diseases of the skin for which they might be taken.

Mr. DE MERIC said that the subject treated of by the author was a very interesting one, and might well command a large audience. The author had made some useful remarks on a few points on which many authorities differ. The word *syphilide*, used by the author, was a new introduction into English nomenclature. He did not approve of the method of diagnosis by giving mercury, as it is no easy matter always to say off-handed whether an eruption be syphilitic or not. He thought the author had undervalued the copper colour as a diagnostic symptom. There was some difficulty in accounting for this peculiar colour. Of course it is some change in the site mucosum. There are some peculiar brown spots called liver-spots, like maps, that are pathognomonic. He thought the copper colour of great value, added to other symptoms. If the author had taken the various forms of skin diseases, and pointed out the diagnostic marks between them and the syphilides, he would have given more information to the Society. Some forms of eruptions have puzzled, and will for a long time puzzle, many. Men's cases are more easily made out than women's. Mucous tubercles are a form of skin disease, causing much confusion, as in women they were one of the first symptoms observed. In the case of a girl between nine and ten, brought to him recently with mucous tubercle in the vulva, he had almost thought of supposing them to be hereditary symptoms. Ricord had countenanced this opinion; but he (Mr. De Meric) could scarcely believe in this at so late an age. In the mouth, tongue, and cheeks we find mucous tubercles and patches at the edge of the tongue—a very valuable guide in some cases. These sometimes burst and leave a superficial sore. In infantile syphilis the *eruption* itself is dry in character; the coryza, the old-woman's look, &c., constitute the elements of the diagnosis in these cases.

Dr. BALLARD was sceptical as to the existence of such a disease as infantile syphilis, and was sure that many infants were wrongly called syphilitic; *e.g.*, he saw a child lately in bad condition. To see what would be said of it, he sent it to a hospital; it returned with the diagnosis *syphilitic*, and was ordered to be rubbed with mercurial ointment. Dr. B. had treated it simply, and the child got quite well. He believed that lichen atrophylus was often taken for infantile syphilis.

Dr. TILBURY FOX said the thanks of the Society are due to Mr. Squire for the way in which he has brought this subject forward. Mr. Ballard had given us another capital example of mistakes in the diagnosis of skin diseases, only tending to show the want of scientific prosecution of the study of dermatology. At none of the hospitals is the matter taken up in its true light; and it is an acknowledged fact, that scarcely a single general principle is fairly made out with regard to the proximate cause of this or that eruption. It is to be hoped that ere long the opportunity may be given at the various hospitals for the investigation of this branch of Medicine in a truly philosophic manner. With regard to the direct subject of the paper, the diagnosis, this was a matter entirely of experience. No man can become adept from the knowledge of the descriptions afforded by books, nor even from the careful examination of any number of plates, and the like; he must carefully study, and compare together for himself, a large number of instances of actual disease. On this account, of all specialities, perhaps that of the skin was most needed. The point of importance to settle is this—Can we, not from the history, but from the features actually before our eyes, say this is a syphilitic eruption? The details of the paper to-night gave an outline of those circumstances which enable us to assert positively that such is and such is not. We seem to fancy that there is something *sui generis* in syphilitic eruptions, but they assume the forms of ordinary eruptions, and the syphilitic poison ought in great measure to be looked upon as a modifying agency only. Confining himself rather to mistakes in diagnosis that have lately fallen under his notice, he might say, with reference to infantile syphilis, that in a child with the old man, shrivelled aspect, the want of elasticity and muddy hue of skin, a cracked, harsh cry, the dry and scaly eruption about the buttocks, and mucous tubercles, we generally have what is very characteristic—viz., a cracked scaly and dry eruption about the hands and feet. Such a state of things in a child under a month of age is absolutely diagnostic of syphilis; and this suggests another point. Are bullæ (pemphigus) about the hands and feet of children syphilitic? Simple pemphigus may occur in children. If before the end of the first fortnight or three weeks, it is probably syphilitic, but if at or after the fourth, fifth, or sixth month, it is non-syphilitic, according to recent researches. And Dr. M'Caul Anderson has lately recorded, in the 'Glasgow Medical Journal,' a case of a disease which is said not to occur in the adult—viz., syphilitic pemphigus—which was clearly traceable as a manifestation of secondary, following primary disease. With regard to colour, old syphilitic subjects are liable to the production of pigment in excess in the blood, and a local deposition may result (melasma), the evidence of the special anæmia present, and may become a marked discoloration. It is often confounded (I have seen it) with the chloasma, but is easily distinguished by the microscope, &c. In reference to syphilitic lupus, I scarcely know what it means. There is one form of ulceration which is very characteristic; it is that in which one side heals whilst the other edge ulcerates (rodent), so as to form a peculiar crescent; this is the horse-shoe ulceration. Typhus mottling and syphilitic roseola have been confounded. At the present time there is a case in one of the London hospitals of secondary syphilis which was admitted and kept in the Small-pox Hospital for a fortnight; and Mr. Langston Parker mentions a similar case, the general symptoms and the progress of the eruption (its non-successive character in small-pox especially, and intimate changes) ought to be diagnostic. The tumores gummati are often puzzling. I saw a case not long since in a woman with a history, but no particular present signs of syphilis, who had a hard, firm lump in the calf of the leg; over this the skin was somewhat moveable, whilst ulceration had commenced at

the lower part, and was very obstinate and untractable. The case gave great difficulty in diagnosis, and was only considered to be syphilitic upon negative evidence chiefly.

Dr. DRYSDALE agreed with M. Ricord, &c., that the diagnosis of syphilitic eruptions by administering mercury internally was a very unscientific procedure. The experiments of Fricke, John Thompson, Syme, Boeck, and W. Cooke, proved conclusively that the drug aggravated the eruptions and made what was usually a very mild affair a serious disease. With regard to infantile syphilis, it was not frequent (1 per cent. in the Children's Hospital), and was probably frequently owing to the destruction of the parent's health by over mercurialisation. Mr. W. Allingham, Mr. Dunn, and himself, had published cases which did well, like Dr. Ballard's case, with cleanliness and chlorate of potash, without mercury, whilst 30 per cent. die under the mercurial treatment. Mr. Allingham, he believed, had treated nearly fifty cases most satisfactorily recently.

Mr. JAKINS had recently seen cases of infantile syphilis at a children's dispensary. They were, he thought, about one per cent. of the cases. They did well with hydrarg. cum cretâ.

Dr. GREENHOW had found that hydrarg. cum cretâ, t. d. gr. ij., was very useful in infantile syphilis; the children got fat under its use. Syphilitic eruptions will often not recover without mercury; *e.g.*, he had recently seen a case of syphilitic rupia where no mercury had been, and which would not heal until mercury was given. He thought that there was no necessity for a skin hospital, as skin diseases were well studied in London—*e.g.*, at Guy's Hospital there was clinical instruction on that branch of disease.

Dr. SQUIRE returned thanks to the Society for the remarks made on his paper. He could not think there was any difficulty in the term "syphilitic lupus" or any difficulty in diagnosing *gummy* tumours. The subject of diagnosis of the varieties of eruptions was too vast.

Dr. DRYSDALE showed to the Society a case of

NATURAL HISTORY OF INDURATED SORE AND ERUPTION

in a young man aged twenty, who had been treated by Mr. Charles Mathews and himself at the Farringdon Dispensary for the above symptoms. Details of the case:—R. S., age twenty; seen first June 6, 1864, by Mr. Mathews, with indurated sore; sent to Dr. Drysdale; glands of groins indurated and multiple; slight roseola appearing. R. Pot. chlor., gr. v.. aq. ʒj. t.d.; sore dressed with water dressing. June 23.—Sore healed; corona veneris and posterior cervical glands enlarged; rep. med.; rheumatoid pains; no falling off of hair. July 14.—Posterior cervical glands much enlarged and indurated; the eruption is still roseolar in character, but is well marked over forehead and face, chest, abdomen, and thighs; no iritis; no alopecia; no sore-throat; rep. med. The young man is always at work and is in a hot room, which causes him to sweat, so no baths were ordered. Sept. 12.—Eruption gone; stains left; health excellent; posterior cervical glands large. Nov. 3.—Glands much less, disappearing; no other symptom. Dr. Drysdale thought this a simpler plan of treatment than six months of iodide of mercury, followed by three of pot. iod., as recommended by Ricord. He believed any relapses that might occur would be as easily treated as those he had already had.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Friday, September 30th, 1864, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—Cornelius Benjamin Fox, M.D. Edin., Truro, Cornwall; Thomas Stevenson, M.B. Lond., Guy's Hospital.

At the same meeting, the following gentlemen were reported by the Examiners to have passed the Preliminary Examination in the subjects of General Education:—William Bernard Boyd, Wells, Somerset; Alexander Fox, Stoke Newington; Thomas Joshua Gittens, Barbadoes; George Frederick Guy, Shoeburyness; Anthony Alfred Henley, Ringwood; Edward Withers Minter, Southsea; G. H. W. B. Parker, King's College; Henry Sutcliffe, Rochdale.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 8th inst., and when eligible will be admitted to the pass examination:—Albert John Clapp, Cork; Pierre Georges Cox, University College; Thomas Dalton, Edinburgh; James Fernie, Middlesex; John Gittins, Guy's; Alexander Wallace Jamieson, Edinburgh; Thomas Knight Salter, St. George's; David Shoolbraid, Guy's.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—George Dods, East-Lothian; James Dods, East-Lothian; Daniel Forbes, Edinburgh; Edgar Gailey, Annan; John Grealy, Galway; Arthur Hackett, Cork; William Holmes, Cork; William S. Mackenzie, Sutherlandshire; Peter A. Sullivan, Co. Galway.

And the following gentlemen passed their final examinations, and were admitted L.R.C.P.Edin. and L.R.C.S.Edin.:—William Alister, Catherwood, Donaghadee; Alexander Campbell Campbell, Aberdeen; William Charteris, Dumfriesshire; Edward Connellan, Cork; James Elliott, Yorkshire; John MacWilliam Graham, Mullabrack; Edward Henderson, Edinburgh; Thomas M'Donald, Ross-shire; Richard Dickinson O'Brien, Ennis; John M'Naughten O'Keeffe, Co. Kerry; Joseph Hildreth Rockett, Yorkshire; James Watson, Dundee.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—Charles H. Johnstone, New Brunswick; Thomas O'Hare, Co. Down. And the following gentlemen passed their final examinations, and were admitted Licentiates of the College:—Hugh Smiley Kane, Co. Antrim; John Douglas Lytle, Co. Derry; Andrew Veitch, Edinburgh.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The stated quarterly meeting of the committee of this branch of the above society was held on Wednesday, the 2nd inst., in the rooms of the Ulster Medical Society, Dr. Thomas Reade presiding as chairman; the other members present being Dr. Drennan, Dr. Moore, Dr. Cuming, and Dr. Stewart (secretary). Dr. Moore brought under the notice of the meeting the case of the widow of a lately deceased medical man in the County Down, who, together with an infant child, was left entirely destitute of all means of support. After some discussion it was directed to be placed on the minutes for bringing forward at the regular period for recommendation for a grant at the next annual distribution of the funds of the society. The Secretary reported that the Parent Committee had with much kindness and consideration departed from the stated course of procedure by affording assistance to the widow and family of a lately deceased practitioner in the lower part of the County Antrim, the application having been made after the proper time; another serious difficulty also being that there were no subscribers to the society in the applicant's locality, though several medical men resided there, to recommend her. Both these difficulties, however, were surmounted, owing to the peculiar urgency of the case, and a grant given, but which was not to be drawn into a precedent for the future. The meeting hoped that the Profession in the locality in question would see the necessity of affording their countenance to the society from this forward, if only to insure this poor widow and her family obtaining further assistance. A special appeal having been recently made by the Parent Committee to the Profession at large in Ireland to come forward more generally, and in such contributions as they might be pleased to give, no

matter how small, was now read, and met with the entire approbation of this committee, as being well conceived and much required in furtherance of the increased usefulness of the society. The annual report of the society, as lately published, was now also laid before this committee, and its able and important contents strongly recommended to the consideration of the Profession, and with a copy of which every medical man of this branch was being supplied, so that none need be in ignorance of the workings of the society. Arrangements having been made for the ensuing annual meeting of the subscribers to this branch and some further business disposed of, the meeting separated.

THE ULSTER MEDICAL SOCIETY.—The anniversary dinner of the members of the above society took place on Tuesday evening, 1st instant, in Mr. Thompson's rooms, Donegall Place, Belfast. The usual loyal toasts having been given, they were succeeded by "The Medical Departments of the Army and Navy." The President, in proposing this toast, said he was sorry that there were no members of either branch of the service present this evening to call upon to speak to it; he could not, however, permit the opportunity to pass by without observing that their brethren in the army particularly had every reason to feel deeply aggrieved and wronged in respect of the inexcusable conduct of the military authorities, in regard to the Queen's warrant of 1858, having rendered it to all intents and purposes a dead letter, the consequence of which was, that candidates of any spirit were thus prevented from coming forward in sufficient numbers to fill the vacancies in existence, and not only this, but to cause both surgeons and assistant-surgeons to resign their commissions. This was the worst policy imaginable, and sooner or later it would be found to be so.—"The Medical Department of the Queen's College, Belfast," which was very ably spoken to by Professor Ferguson.—"The Medical Charities of Belfast," responded to by Dr. Pirrie and Dr. William MacCormac, on behalf of the General Hospital; Dr. David Moore for the dispensaries; and Dr. H. Rea for the Belfast Union Hospital.—"The Ulster Medical Society," responded to by the Vice-President of the Society.—"The Royal Medical Benevolent Fund Society of Ireland." Dr. Cuming, having been generally called upon, replied to this toast very effectively.—"The Officers of the Society," responded to by the several officials present.—"Our Absent Members, and, in particular, Dr. Patterson," one of the most valued members of the society, whose absence on the present occasion, owing to a recent severe domestic affliction, was much sympathised with by all present.—"The General Practitioners of Belfast, coupled with the name of Surgeon Smith," who responded in an excellent speech.—Some further toasts having been given by the members generally during the evening, Dr. M. M'Gee of the number, who spoke very largely and eloquently on several subjects, the company separated much pleased with the entire arrangements of the day, and the very satisfactory manner in which Mr. Thompson had fulfilled his important part, both the dinner and wines being unexceptionable.

THE NEW FEVER HOSPITAL AT LIVERPOOL, recently erected in Brownlow street, is now open for the reception of patients. It consists of four stories, in each of which are two wards, each ward containing twenty beds, so that accommodation is provided for 160 patients. The cost, about 6,000*l.*, is to be provided out of the borough rate.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual meeting of the members of this Society was held on the 26th of October, in pursuance of the Royal Charter of Incorporation recently granted, when a letter from the Rev. Arthur Stone was read, acknowledging a letter of condolence addressed to him by the Society on the demise of his father, their late President, Thomas Arthur Stone, Esq. The following officers and directors were elected for the ensuing twelve months, viz.:—*President:* Martin Ware, Esq. *Vice-Presidents:* Everard A. Brande, Esq.; Peter Mere Latham, M.D.; John Bacot, Esq.; Thomas Turner, M.D.; D. Henry Walne, Esq.; Alex. J. Sutherland, M.D., F.R.S.; Edward Tegart, Esq.; George Burrows, M.D., F.R.S.; John Miles, Esq.; Sir John W. Fisher; Cæsar H. Hawkins, F.R.S.; James Paget, Esq., F.R.S. *Treasurers:* James T. Ware, Esq.; G. Hamilton Roe, M.D. (Acting); Richard S. Eyles, Esq. *Directors:* J. Gregory Forbes, Esq.; William Munk, M.D.; Barnard W. Holt, Esq.; Charles Miles, Esq.; William J. Little, M.D.; William Cathrow Esq.; Henry Sterry Esq.; Henry Jeaffreson, M.D.; H. S. Illingworth, Esq.; Francis Hawkins, M.D.; T. B. Curling, Esq.; John Hilton, Esq.; John Love, Esq.; Henry A. Pitman, M.D.; John Adams, Esq.; Robert Druitt, M.R.C.P.L.; J. Cooper Forster, Esq.; Edward Tegart, Esq.; J. J. Sawyer, Esq.; Henry Lee, Esq.; Charles Collambell, Esq.; Richard Quain, M.D.; George Johnson, M.D.; C. F. Du Pasquier, Esq. Mr. Ware, the new President, is the senior living member of the Society, was the senior Vice-President for many years, and is the son of the most strenuous and indefatigable supporter of the Society, Mr. James Ware, its second President.

IMPRISONMENT OF A MEDICAL EDITOR FOR A LIBEL.—Dr. Wittelshöfer, the editor of the Vienna 'Medical Gazette', has been sentenced to imprisonment for four weeks for having made certain charges against the "Sisters of the Good Shepherd," who have the care of the public gaols and houses of correction. In the opinion of the public, the various witnesses called fully proved that the charges which had been made were well founded, but it would appear that the Judges were not of the same opinion. When the Court passed sentence on Dr. Wittelshöfer it declared that the nuns who had been calumniated were "the organs of Government." The State pays the "Sisters of the Good Shepherd" so much a head for the board of the persons who are under their charge, and it is notorious that thy food provided by them is both scanty and bad. The hole women maintain that they save nothing, but it is a positive fact that they acquire real property in Austria, and make large remittances to foreign cities. During Wittelshöfer's trial one of the most respectable bankers in this city declared on oath that the Superior of the establishment at Neudorf recently had bought of him a bill for 12,000f., which was made payable in Paris.

DEATHS.

DAVIS.—On the 19th ult., E. Davis, M.R.C.S.E., of Upper Belgrave place, Pimlico, aged 60.

MACLEAN.—On the 18th ult., at Wimpole street, S. Maclean, F.R.C.S.I., aged 46.

MORGAN.—On the 19th ult., M. Morgan, L.R.C.P.Ed., of Charlotte street, Bedford square, aged 63.

SKEGG.—On the 17th ult., Robert Skegg, L.R.C.P.Ed., of St. Martin's place, aged 61.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 16.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. G. H. Sutton, "On Fibroid Disease of the Lungs."

THURSDAY, NOV. 17.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Dr. Marcet, "On the Brine of Salted Meat."—Professor Wanklyn, "On the Nature of Compound Ethers;" Harveian Society, 8 p.m.—Clinical Discussion, "On Sore Nipples, Mammary Abscess, and Remedies for the Excitation and Suppression of the Secretion of Milk."

FRIDAY, NOV. 18.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, NOV. 19.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, NOV. 21.—*Operations* at St. Mark's Hospital for

Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, Nov. 22.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Painless Extinction of Life in Animals designed for Human Food. By H. MacCormac, M.D. London: Longman and Co.

Transactions of the Pathological Society of London, Vol. XV.

The Dublin Quarterly Journal of Medical Science, No. LXVI. Nov., 1864. London: Longman and Co.

The Pharmaceutical Journal, Vol. VI., No. V. London: John Churchill and Sons, New Burlington street.

The Dental Review, New Series, Vol. I., No. IV. London: R. Hardwicke, 192 Piccadilly.

The Diseases of the Stomach, with an Introduction on its Anatomy and Physiology. By W. Brinton, M.D., &c. Second Edition. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE ROYAL INSTITUTION.—The report has been received.

DR. STEWART.—The extracts have been received.

THE HARVEIAN SOCIETY.—The report and the notice have been received.

MR. R. GRIFFIN.—The communication is inserted.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
C. W. Chaldecott, Esq., Dorking	0	10	6
J. L. Jardine, Esq., ditto, per. C. W. Chaldecott, Esq.	0	10	6
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W. V. Lush, Esq., Salisbury Infirmary	0	5	0
Amount previously announced	92	5	6
Received at the 'Lancet' Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,
145 Bishopsgate st. Without, Treas. and Hon. Sec.
Nov. 9, 1864.

C. S., *Cambridge.*—Phloridzin is a substance somewhat resembling salicin, and found in the root-rind of the apple and cherry-tree. It has been proposed by some American physicians as a substitute for quinia.

DR. L. S.—We know nothing of the qualifications of the person alluded to, and the diplomas mentioned are in all probability fictitious. Those documents are sometimes manufactured to order, and may be procured in London for a few shillings.

DR. S. W. J. MERRIMAN.—The papers have been received.

A JEWISH PHYSICIAN.—The letter is inserted.

THE 'Whitehaven Herald' has been received, and the subject shall be noticed next week.

DR. MACCORMAC.—We have given insertion to an abstract of the paper, as we conceive the subject to be one of great public importance.

Society for Relief of Widows and ORPHANS OF MEDICAL MEN.—Founded 1788. Incorporated by Royal Charter 1864.—The Members are reminded that a QUARTERLY COURT of Directors will be held on the 7th of December next, at which Candidates for Admission into the Society can be proposed. It is desirable that the Form of Proposal be filled up and forwarded to the Secretary a few days before the Meeting. The Form of Proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing. The Secretary attends at the Office every Wednesday and Friday, from 4 to 5 o'clock.

S. W. J. MERRIMAN, Secretary.

53 Berners street, W.,
November, 1864.

LUNACY,—SINGLE PATIENTS.

OFFICE OF COMMISSIONERS IN LUNACY,
19 Whitehall place, October 10, 1864.

The Commissioners in Lunacy having reason to believe that many persons of unsound mind are illegally received or taken charge of, and that the law relating to insane persons not in asylums or licensed houses, but under individual care as "Single Patients," is extensively violated, desire to draw the attention of medical practitioners and others to the provisions of the 8th and 9th Victoria, cap. 100, sec. 90, as amended by the 8th section of 16 and 17 Vic. cap. 96.

By these enactments no person (unless he derives no profit from the charge or be a committee appointed by the Lord Chancellor) can receive one patient in any unlicensed house, neither can any person take care or charge of any one patient as a lunatic or alleged lunatic without the same form of order and medical certificates as are required upon the admission of a patient into a licensed house, copies of which are to be sent to the Commissioners in Lunacy, together with other particulars, which are fully stated in printed instructions to be obtained on application at the office of the Commissioners, 19 Whitehall place.

By the first-mentioned Act every person neglecting to comply with the requirements of the Statute is liable to prosecution for a misdemeanour.

By the interpretation clause the word "lunatic" is declared to mean "Every insane person, and every person being an idiot or lunatic, or of unsound mind."

According to the law as laid down by the Judges of the Superior Courts, the provisions and penalties of the Act apply to all cases of insane persons taken or retained under care or charge in unlicensed houses, whether or not they were of unsound mind when first received.

The Commissioners will feel it their duty, in cases of violation of the law hereafter brought under their notice, to proceed by indictment against the offending parties.

By order of the Board, W. C. SPRING RICE, Secretary.

Mr. G. Hind, F.R.C.S., has resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M. and 6 to 8 P.M.).

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Third Edition, with Further Remarks by DR. CONVISART, Physician to the Emperor of the French, edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London; may be also had of the Author, 277 Oxford street, price Sixpence.

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N.B.—The Chancery Court printed copies of the above affidavits may be seen at R. F.'s address.

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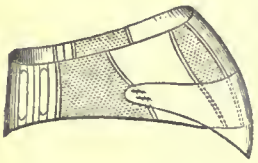

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

(Continued from page 274.)

The General Symptoms of Disease of the Heart.—The Pulse.—It has already been mentioned that disease of the heart, even of a serious character, may be unattended with any remarkable general symptoms, for the chief organ of the circulation has the power of adapting itself to its altered conditions, and the system generally accommodates its functions to the increased or diminished supply of blood which it receives. Even the pulse, which, it might *a priori* be supposed, would sympathise most remarkably with the changing conditions of the heart, is sometimes little, if at all, affected, and sometimes the indications given by the pulse are anomalous and unsatisfactory, for a full and rapid pulse may coexist with a weak but irritable heart, while a feeble pulse often accompanies an hypertrophied and violently-acting organ. However, putting out of the question those cases where the pulse in disease of the heart does not deviate from the healthy or usual standard, it may be said that it is far more commonly increased than diminished in rapidity in such disease, a slow pulse in disease of the heart, even in great obstruction of the cardiac orifices, having scarcely ever been observed, although in softening of the organ this kind of pulse has been noted.

Undue rapidity of the pulse, unaccompanied by auscultatory evidence of cardiac disease, is a symptom with the significance of which I am not yet thoroughly acquainted. It has fallen to my lot, on a few occasions, in examining lives for the purpose of life assurance, to find the pulse preternaturally accelerated, without any evidence whatever, either by auscultation or otherwise, of cardiac disease. I need scarcely observe that all allowance was made for nervousness, for hurried walking or running, for eating or drinking, or other obvious causes for the acceleration, and that in the cases to which I refer, I did not conclude that 112 or 120 (for such were the numbers of the pulse) was the normal rate, until I had felt it under a variety of circumstances and at different times. Guided by the general opinion of the Profession, I have regarded this acceleration of the pulse as a morbid condition, and one which was unfavourable to the prospect of longevity, but I am not sure that the symptom is one of such grave importance as is generally supposed. In one of the cases to which I allude, and in which I carefully examined the pulse at various times and found it to be 120, the subject was a gentleman whom I have known for many years and who always was and is now in excellent health.

Intermission of the pulse must, I think, be altogether disregarded as a pathognomonic sign of cardiac disease, for although it may undoubtedly exist in such a case, yet it quite as often, or perhaps more often, results from mere nervousness, or hypochondriasis, or indigestion, or disease of the liver or of the brain.

Still, although the pulse may justly be denominated, as Celsus called it, *fallacissima res*, yet there are certain modifications of its force and frequency which are observed in cardiac disease, and ought by no means to be overlooked, especially when taken in connection with the physical signs. Thus, at the onset of pericarditis the pulse is always frequent, and generally full and hard, although regular, and the same characters are observed in endocarditis; while in hydro-pericardium, where the heart is embarrassed in its action by circumjacent fluid effusion, the pulse is small, frequent, and intermittent.

In the early conditions of simple hypertrophy of the heart, where the muscular structure is augmented in volume, and where the force which impels the blood is thereby increased, the pulse is strong and hard, although its velocity is not augmented. But as the hypertrophy increases, and is accompanied with dilatation, the contractile power of the muscular fibres is diminished, and the blood is no longer propelled with the same force through the system, and then arises the apparently anomalous and paradoxical condition of a heart beating with enormous force against the parietes of the chest, and a small and weak pulse felt in the radial arteries.

In dilatation of the left ventricle, where the muscular walls are attenuated and the power of the heart is consequently diminished, the force with which the blood is impelled is necessarily less, and the pulse is soft and weak. Practically speaking, simple uncomplicated hypertrophy and simple uncomplicated dilatation are each exceedingly rare, the most usual condition being the combination of hypertrophy with dilatation; and in the advanced condition of the latter combination the pulse is weak, although the heart may be beating with an abnormally strong impulse. In the early conditions of the disease, however, the pulse is full and strong, and so continues as long as the hypertrophy is predominant, but in proportion as dilatation advances the pulse becomes soft and compressible.

In aortic regurgitation the pulse is so peculiar that its characters are sometimes almost pathognomonic of the disease, for it is jerking and receding, but regular, and the pulsation is *visible* and locomotive. This is called *the pulse of unfilled arteries*, "the diastole or beat of the artery being short and quick, as if the blood were smartly jerked or shot under the finger, the vessel during the intervals feeling unusually empty." (*a*) The jerking character of the pulse in aortic regurgitation is easily explained by the circumstance that after the contraction of the left ventricle the blood partly returns into the ventricular cavity, and there is consequently a general retrograde movement of blood in the arteries. I should mention that the jerking and visible pulse, taken by itself, is not always to be regarded as necessarily indicative of aortic disease, for it is often observed in old persons in whom the arterial tubes have become rigid from atheromatous or osseous degeneration.

In contraction of the aortic orifice, unless the contraction is extreme, the pulse is full, strong, and regular; for although the stream of blood thrown into the aorta is somewhat diminished in its volume, yet it is propelled with greater force, owing to the increased action of the ventricular walls, and thus the pulse is undiminished in its strength or fullness. To Dr. Hope is due the credit of the observation that the pulse in contraction of the aortic valves is regular, for Corvisart, Louis, and Bouillaud all described the pulse in aortic contraction as irregular; but it must be observed that these authors were formerly but little acquainted with the diagnosis of valvular diseases, on which so much light has been thrown by British writers.

In regurgitant disease of the mitral valves, in which case the blood is thrown back into the left auricle, the pulse is but little affected at first, but as the disease advances it becomes invariably weaker than in the natural state, and is also usually described as irregular, intermittent, and unequal. But in several cases of mitral disease which I have watched, the pulse was neither irregular nor intermittent; and, indeed, these latter characters are not now considered as essentially connected with this form of cardiac lesion, at least until the disease is very far advanced. In obstructive disease of the mitral valves, the pulse is also weak; and, indeed, obstructive and regurgitant disease of the mitral orifice are followed by the same pathological conditions, for in the former the cavity of the left ventricle is imperfectly filled, and in the latter a portion of the blood which has entered it passes back into the auricle, and in either case the ven-

(*a*) Hope 'On Diseases of the Heart.' Fourth Edition, p. 355.

tricular walls are insufficiently stimulated to contract upon their contents, and thus the pulse is necessarily reduced in force.

In that hitherto mysterious disease, fatty degeneration of the heart, it cannot be said that the nature of the pulse throws, in general, much direct light upon the diagnosis; but in the advanced stage of this affection, in consequence of the softening of the muscular walls, the force of the circulation is diminished, and the pulse becomes small, weak, irregular, and unequal. But all these characters may exist in cases of weak heart, or of impoverished condition of the blood, and cannot be received as pathognomonic signs. But in the fatty disease the pulse has been found much more slow than in the natural state, and Dr. Stokes and Dr. Quain have recorded cases of this affection where the pulse was only 28, 32, or 24. But it would be erroneous to make a diagnosis of fatty degeneration of the heart from slowness of the pulse, even when accompanied with feebleness and irregularity; and, indeed, there must be many concomitant circumstances during life to render the diagnosis certain, or even probable.

To sum up the characters of the pulse of cardiac disease in a few words, it may be stated generally, that in hypertrophy the pulse is strong, in dilatation it is weak; in aortic obstruction it is but little affected, in aortic regurgitation it is jerking, visible, and locomotive, but regular; in mitral obstruction or regurgitation, it is weak, and sometimes intermittent; in fatty degeneration, it is small, weak, irregular, unequal, and sometimes slow. But it cannot be too carefully impressed upon the mind that cardiac diseases usually present themselves in a combined form, and that the characters of the pulse will vary as one or the other predominates.

(To be continued.)

PARISIAN MEDICAL NEWS.

EXPERIMENTAL RESEARCHES ON THE CONSTITUENTS OF OPIUM.

Amongst the various communications forwarded to the Academy of Sciences during the last month, we may notice two papers, read by Messrs. Claude Bernard and Ozanam, on the different action of the alkaloids obtained in opium. Both inquirers agree that the physiological effects of these substances are not identical; but the inferences which each author derives from his researches on the subject are so dissimilar, that the therapeutical problem propounded in these investigations does not seem likely to receive a speedy solution.

By a fresh analytical inquiry into the nature of six of the active substances which may be regarded as constituents of opium, M. Claude Bernard has ascertained that they are possessed of three distinct properties—viz., narcotic, stimulating, and toxic. With regard to narcotic powers, M. C. Bernard ascribes the first place to narceia, the second to morphia, the third to codeia. The three other alkalies—thebaïna, papaverina, and narcotina—are not, in his opinion, endowed with soporific virtues, but he considers them to be invested with stimulating properties in a much higher degree than codeia, morphia, or narceia. As poisons, the Professor classes the constituents of opium in the following order: thebaïna, codeia, papaverina, narceia, morphia, and nicotina.

On the other hand, in a paper on the same subject, M. Ozanam shows that, for therapeutic purposes, opium contains sedatives—viz., morphia, opianina, and narceia; stimulants—viz., narcotina and thebaïna; and an intermediate principle, codeia, which is alternately a stimulant and a sedative. With regard to its special effects on different parts of the system, M. Ozanam remarks that each of the constituents of opium would appear, in addition to its more or less considerable activity, to possess a peculiar and elective influence on certain portions of the nervous structures. Thus, morphia, opianina, and narcotina would address themselves especially to the cerebral hemispheres; codeia to the cerebellum and bulb; thebaïna to the superior or cervico-dorsal section of the spinal cord; and narceia to its lumbar region.

Both experimentalists, therefore, agree that opium is a compound of substances which act on the system in an opposite manner, but they are at variance in their practical inferences from the fact.

In his estimation of the value of vegetable medicinal products, Mr. Ozanam shows himself more partial to synthesis than to analysis; he acknowledges the usefulness of quina, but prefers cinchona bark, and describes opium as a matchless remedial agent, which we can never expect to replace by any substitute; opium may be said to dissect the nervous system, and each of its constituents, liable, if separately prescribed, to occasion effects of too lowering or too stimulant a character, is corrected by its salutary association with the others. M. Ozanam, therefore, thankful for this providential dispensation, can suggest no alteration from an arrangement so entirely perfect.

Not so M. Claude Bernard. This indefatigable inquirer is not satisfied with the mere study and contemplation of natural phenomena; he views progress as the sovereign and ultimate end of human activity; and his researches on opium have thoroughly convinced him that not only should the constituents of that drug be separated, but that the same operation should be applied, as a general rule, to all vegetable compounds used in medicine. "We should not," says the author, "persist in the use of remedies the effect of which is only the combined result of several forces acting in different directions; such a resultant is necessarily changeable, and must induce effects variable as they are unexpected, according to the peculiar susceptibility called forth by each or any of the active ingredients of the drug. It is also desirable to renounce our belief in the similarity of action of plants belonging to the same family, since we find that from one plant we can extract substances of opposite physiological power. Each of the constituents of such substances is obviously entitled to its autonomy, and is endowed with a separate and distinct virtue. M. Claude Bernard considers himself, therefore, justified in loudly asserting the necessity of analysing the complex actions of plants, and of reducing them to simple and precisely determined effects, which may be taken advantage of alone or combined, according to the indications of each case, and the intentions of the therapeutist.

The question raised by M. Bernard is one of the greatest interest; and although the present state of science may not permit us to hope for an immediately satisfactory solution, yet the researches of the author have not been barren, and have supplied us with a new narcotic of a power, perhaps, superior to that of morphia and codeia—viz., narceia—which has already been prescribed with benefit by several practitioners.

ORIGIN OF VIRULENT DISEASES.

The debate on the subject of pustula maligna has been carried on and brought to a conclusion; and M. Ricord read an interesting report on a memoir, forwarded by M. Prieur, of Gray, on the efficacy of iodine in scrofulous adenitis. The debate on pustula maligna was summarised by M. Gosselin, who also presented discursive remarks on the pathology of virulent affections.

The point at issue was at first the spontaneous origin of malignant pustule. The learned reporter agreed with the authors of the memoir presented to the Academy, and with MM. Bouley and Magne, members of the section of Veterinary Surgery, that the disease might sometimes arise spontaneously. MM. Cloquet, Velpeau, Ricord, Jules Guérin, Gibert, Briquet, and Piorry contended, on the contrary, that pustula maligna is invariably communicated by contagion, or at least that a contrary opinion is unsupported by facts. The former inquired whether a specific poison or virus was really necessary to the propagation of malignant pustule, argued that all putrefied matter shared the same privilege, and that numerous general and apparently unimportant causes might induce results ascribed solely to the operation of a specific virus. Cases related by Morand were adduced, in which healthy but merely overworked oxen had

communicated pustula maligna, although in nowise affected themselves with carbuncular disease; other instances were brought forward for the purpose of proving that flies, the sting of which had given rise to malignant pustule, had not always been in contact with the bodies of animals which had died of carbuncle. These obscure and doubtful facts, all deficient in some one element of certainty, were set aside by the opponents of the spontaneous development of the affection, who pinned their faith to the time-honoured doctrine, established on many thousands of incontrovertible cases, that virulent diseases invariably originate in a specific virulent principle. Every one of these must, of course, have once originated spontaneously under the influence of a peculiar combination of circumstances which it is not in our power to account for, but, once produced, the affection has ever afterwards been communicated by inoculation. Such is M. Ricord's theory with regard to syphilis, and such also are the views which will long prevail as to the mode of development of small-pox and other exanthemata. It is not impossible, in the reporter's opinion, that malignant pustule may turn out to be an exception to the general rule; but in spite of his remarks, which were listened to with considerable interest, M. Gosselin failed in convincing the majority of the members of the Academy; nor will the doctrine which he defends ultimately prevail, so long as it is supported but by a negative, and so long as the hypothesis of spontaneous development is propped solely on the alleged absence in certain cases of any direct proof of contagion.

Liability of the Lower Animals to Syphilis.

M. Briquet supplied an interlude to this very serious discussion. He presented some interesting remarks on contagious diseases in general, dwelt on the necessity of predisposition of the system as an indispensable preliminary to the effects of contagion, and finally endeavoured to establish the connection of these disorders with contact with animals. So far, M. Briquet adopted a justifiable line of argument, and was doubtless right with regard to malignant pustule; but interpreting in his own way the views of Providence, he propounded the somewhat singular doctrine that contagious diseases are intended to act as a check to prevent mankind from swerving from the laws of Nature. He ventured to assert that syphilis, for instance, arose from the unnatural intercourse of the soldiers whom Charles the Eighth led to the conquest of Naples with the goats which accompanied the army. This daring misrepresentation could not pass unnoticed; and M. Malgaigne reminded its author that, long before the fifteenth century, historians and writers had mentioned a disease the description of which closely corresponds with the symptoms of primary and secondary syphilis.

Another highly competent opponent arose and disposed of M. Briquet's remarks in such a manner as to dispel all further doubt as to the possibility of the transmission of syphilis from the human subjects to animals.

"I cannot," said M. Ricord, "vouch for the goats of the time of Charles the Eighth, but I may positively assert, without fear of contradiction, that at the present day goats do not communicate the syphilitic taint." Not only does M. Ricord deny that the disease can be propagated by animals, but he contends, as he has on many occasions professed, that all the attempts to inoculate syphilis to animals have ended in failure. Soft chancre may have thus been produced, but not the indurated sore, which alone can generate secondaries.

This is also the opinion of Messrs. Velpeau, Bouley, and Leblanc, who at different periods have performed experiments on the subject, and have never observed any other result but simple sores, which were never productive of constitutional symptoms.

The only disease from which confusion might arise is that which the Arabs designate by the term *dourine*, a distemper of the horse consequent on copulation. This disorder presents certain analogies with syphilis, but differs from it in this essential point, that it cannot be reproduced by inoculation. It was described as follows, by M. Bouley, in the course of the debate. "This disease," said the learned member, "was first observed in 1796, since when it has repeatedly been met with, especially in Russia and in Africa. Its principal feature is its transmission exclusively by sexual intercourse; it cannot be inoculated with the lancet, and gives rise to no secondary manifestations. It has been suggested more than once that *dourine* may possibly have originated in the human subject; and M. Mersch, an able veterinary surgeon in the military service, remarks that the disorder has on several occasions occurred in Algeria. It is a popular belief in certain Arab tribes, that when a man is affected with venereal symptoms, they may be relieved by communication with a mare. M. Mersch relates the case of a Zouave who resorted to this bestial mode of treatment, and who thus communicated *dourine* to the animal, who subsequently infected a horse, and thus transmitted the disease to a large number of mares."

If many cases of the kind were to recur, they would tend to establish the syphilitic origin of *dourine*, which would thus have been modified in its nature by its transmission to animals; but M. Ricord sagaciously remarked that the instance related by M. Mersch can readily be interpreted without the participation of the Zouave.

The result of the recent debate is, that, despite the contrary opinion entertained by MM. Depaul, Auzias-Turenne, Vernois, and Gibert, M. Velpeau seems to be perfectly correct in stating that, although syphilis may not be, as M. Ricord supposes, the exclusive attribute of man, yet the human subject alone is susceptible of incurring the taint.

Treatment of Whooping-cough in Gas Works.

Amongst the questions brought forward for discussion at the learned societies, we may notice the treatment of whooping-cough by the emanations from gas-works. M. Guérard, a member of the Board of Health of the Département de la Seine, forwarded on this subject to the Medical Society of Hospitals a communication which gave rise to interesting remarks from MM. Blache, Barthez, Roger, Bergeron, Maingault, &c.

Coal-gas is deprived of the sulphuretted hydrogen and carbonic acid gases always present in the crude product, by being passed through iron vessels partly filled with sulphate of lime and hydrated sesquioxide of iron. When these substances have fulfilled their object, they are extracted from the apparatus, and exposed in thick layers on the pavement of one of the yards of the works, and thus rendered fit to be employed again. When placed in contact with the atmosphere, they evolve a large quantity of ammonia, mixed with light volatile oils. These exhalations, much complained of by persons who reside in the neighbourhood of gas-works, have of late been highly extolled in the daily periodicals, and have become a popular remedy for whooping-cough. Any person who might be tempted to visit a gas-factory at certain hours might mistake it for the playground of a school; children affected with whooping-cough are reported to have rapidly recovered after having accidentally passed a few hours in these yards; others were in consequence brought to the same place, in the hope of securing for them similar benefit, and now these courts are scarcely large enough to admit all the applicants for admission.

It was, therefore, extremely important to ascertain if the alleged efficacy of the emanations in question was real, whether the inhalation was harmless, and also to which of the gases and volatile oils the effects observed are referable. Several members took part in the debate.

M. Barthez stated that he had witnessed two cases illustrative of the utility of this mode of treatment. The patients were two sisters, aged respectively three years and a half and five years and a half, both suffering from whooping-cough, which had lasted a fortnight in the former and three weeks in the latter. The parents, who had heard of the efficacy of these inhalations, sent the children every day regularly to the gas-works for some hours, and in both instances a complete cure was effected, in one of the cases three weeks, and in the other four weeks and a half after

the first onset of the disease—a duration much shorter than that usually ascribed to whooping-cough. No conclusive inference can of course be drawn from two cases, and MM. Blache, Bergeron, Maingault, and Roger brought forward others in which no improvement whatever was obtained, and some in which the treatment would seem to have aggravated the symptoms. M. Blache stated that two children of thirteen and fourteen years, belonging to the same family, and both in advanced stages of whooping-cough, were taken eight days in succession to the gas-works, and in both the paroxysms increased in violence, and were subsequently allayed by the usual sedatives. M Blache also procured a tubful of the residue employed at the works and caused the fumes to be inhaled in several cases of whooping-cough, but derived no benefit whatever from the experiment. M. Roger added that he had been called in consultation for a child suffering from pneumonia, caused by the inhalation of the gases evolved in the works, but observed that exposure to cold might possibly have contributed to the development of the affection; in two of his own patients, however, the treatment in question signally failed, and produced no improvement whatever after a fortnight. Desirous of forming an opinion as to the real utility of the remedial agent, M. Roger also obtained the residue left after the purification of gas, and caused it to be spread out on the floor of a large hall in the Hospital for Infancy, where children belonging to his own and to M. Bouvier's wards, suffering from whooping-cough, were conveyed every day. The results of the experiment having proved entirely negative, M. Roger came to the conclusion that the new mode of treatment presented no decided advantage, and that mere change of air was far more efficacious. We have ourselves had an opportunity of judging of the effects of the inhalations in two children, aged respectively three years and four months, both affected with whooping-cough; they were conveyed to the gas-works, the eldest was rapidly relieved, but the youngest died of extensive bronchial inflammation, although the most active counter-irritation was resorted to.

In conclusion, we may say that, up to the present day, the inhalation of the products evolved from the substances used in the purification of gas has not justified its reputation, and in some instances seems to have been highly injurious. M. Guérard, however, conceives that further inquiry is necessary, and that it is not inadmissible that these gases, which consist merely of ammonia and volatile oils, may yet be found useful in whooping-cough; indeed, ammonia has most certainly been beneficial in certain fits of asthma; it is therefore desirable to ascertain under what circumstances the inhalations alluded to may be advantageous, and to discover some improved means of administering the remedy in such a manner as to obtain its full curative effects, and at the same time to avert the complications which observers have ascribed to its action.

CATHETERISM OF THE URETHRA.

M. Just Lucas-Championnière described last year the ingenious apparatus invented by M. Désormeaux for the direct inspection of the urinary passages. We shall take another opportunity of adverting to this contrivance, which has not, in our opinion, been estimated at its real value by the Profession; on the present occasion we shall merely reproduce an abstract of M. Désormeaux's remarks on catheterism, an operation which the humblest practitioner must daily hold himself in readiness to perform.

The excavations at Herculaneum have led to the discovery of a metallic tube, the incurvation of which suggests the probability that the ancients were not unprovided with some means analogous to those in our own possession for the purpose of draining the bladder of its contents. Modern ingenuity has supplied us with three kinds of catheters—1, that which is in common use; 2, the catheter presenting a short bend at its extremity, which M. Mercier has recommended as the instrument best calculated to overcome the impediment caused in advanced life by hypertrophy of the prostate; and, 3, the straight catheter, the possibility of introducing which into the bladder was demonstrated in 1824 by Amussat, but which is now to be found only in the instrument-case of surgeons who practise lithotrity, and is chiefly used for the exploration of the bladder when the incurvated catheter has not supplied any decisive information.

The diameter of the metallic sound in common use is about two lines, and the incurvation of its extremity forms a quarter of a circle of fifteen lines radius. The patient should lie flat in bed, and the surgeon may place himself at either side; indeed, students should acquire the habit of practising the operation with equal ease, whether standing at the left or right side of the patient, in order to avoid disturbing the bed—a displacement which may distress the invalid. The third and fourth fingers of either hand should support the penis, the thumb and index remaining free to draw back the foreskin or open the meatus. The instrument is then inserted.

Mr. Désormeaux agrees with Ledran that "catheterism should be the result of the concerted action of the hand which holds the catheter and of that which supports the penis; and the sound should alternately be pushed forward into the urethra, and the urethra drawn over the instrument." M. Désormeaux's practice differs, however, from that of Ledran, inasmuch as he recommends the simultaneous, and not the alternate performance of these actions. In his treatise 'On Diseases of the Urinary Passages,' M. Phillips attaches but little value to Ledran's precept. "The penis," says he, "should be held inclined towards the inguinal fold, but *not be stretched*, because elongation of the duct increases the amount of friction, and consequently the resistance." M. Désormeaux cannot assent to this opinion. He remarks that if the parts are inspected with the endoscope during the introduction of the catheter, it will be found that when the penis is not stretched, the mucous membrane forms folds and circular plicatures in front of the extremity of the sound; whereas gentle traction exercised on the penis during the penetration of the catheter causes the duct to assume the shape of a smooth funnel, into which the metallic tube glides without any difficulty. When the pubes have been reached, the surgeon slowly brings down the instrument in a horizontal position, while it passes the membranous portion of the urethra, and enters the bladder.

M. Phillips, as we have stated, advises the surgeon to incline the penis towards the groin, in order to introduce the catheter, and to preserve the organ in this position until the point of the instrument has reached the *cul-de-sac* of the bulb. In most cases, M. Désormeaux holds the catheter over the abdomen in a parallel direction to the linea alba; but occasionally he follows the course recommended by M. Phillips, especially when the abdomen is unusually large, and keeps the point of the catheter in painful contact with the superior wall of the urethra. In very corpulent individuals, the adipose tissue accumulated in front of the symphisis forms a protuberance which interferes with the penetration of the catheter, if it is held over the linea alba; the point of the tube does not readily pass into the bladder, and is almost inevitably arrested in its progress by the triangular ligament or the pubes.

M. Désormeaux also briefly alluded to the now almost obsolete manœuvre called the "*tour de maître*," and remarked that, in performing catheterism, any affectation of excessive dexterity is much to be deprecated, and that it is far better to resort to safe and simple procedures, than to endeavour to dazzle the patient and the persons present by any idle attempt at display.—'Journal of Practical Medicine and Surgery.'

BEQUESTS.—A number of munificent legacies have fallen to the local charities of Arbroath by the death of the late ex-Provost Johnston, to the amount of 7,050*l*. The medical charities are not forgotten, as the funds of the Arbroath Infirmary have been augmented by the amount of 1,000*l*., to which Mrs. Johnston also adds 300*l*.; the Dundee Infirmary, 400*l*.; and to Baldovan Asylum for Imbecile Children, 400*l*.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 8th, 1864.

Richard Partridge, F.R.S., President.

ON THE NERVOUS STRUCTURES AND THE ACTION OF THE HEART.

BY ROBERT LEE, M.D., F.R.S.

Galen affirmed that the heart has no nerves, and that it is not a muscular organ. Vesalius, Realdus, Columbus, and Cæsalpinus adopted these opinions. The cause of the motion of the heart, or the source of its sensitive and contractile power, has engaged the attention of the most profound anatomists and physiologists ever since the discovery of the circulation of the blood. Harvey considered the motion of the heart to be muscular. Three years after the death of Harvey the Royal Society was constituted by Charles II. a corporate body, "for the promoting of the knowledge of natural things and useful arts by experiments, to the glory of God and the good of mankind." Anatomy and physiology were then considered two of the most important branches of knowledge to which the fellows could direct their attention, and at no period since have they ceased to be viewed in the same light. The doctrine of the circulation of the blood was then almost universally admitted, but the cause of the action of the heart had not been discovered by Harvey; and during the last two centuries the most eminent medical philosophers have been engaged in the investigation of the subject, and the 'Transactions' of the Royal Society of London have contained the results of their most important researches.

In 1670, a paper by the Hon. Robert Boyle, entitled, "On the Motion of the Separated Heart of a Cold Animal in the Exhausted Receiver," was published in vols. iv. and v.

An analysis of Dr. Lower's treatise, 'De Corde item de motu et Colore Sanguinis,' &c., was published in 1669. A Discourse by Dr. Drake concerning some Influence of Respiration on the Motion of the Heart was published in vol. xxiii. A Discourse on the Power of the Heart, addressed to Dr. Mead by Dr. Jurine, was published in vol. xxx., and a letter in defence of the Doctrine of the Power of the Heart against the objections of Dr. Keil. Vol. xli. contains a short account of Dr. A. Stewart's paper concerning the Muscular Structure of the Heart. Dr. Mortimer Borelli computed the motive power of the heart to be equal to 3,000 pounds.

It is impossible, says the author, to tell how many Croonian Lectures have been read before the Royal Society on muscular motion and the heart's action. Mr. J. Hunter read six between 1776 and 1782. In 1790 one was read by Sir Gilbert Blane, and twelve by Sir Everard Home between 1795 and 1828, and two by Sir A. Carlisle in 1806 and 1808. In 1808 one was read by Dr. Thomas Young; in 1811 one by Mr. B. C. Brodie. Le Gallois' was published in 1815, and the same year a paper was published in the 'Philosophical Transactions' by Dr. Wilson Philip, entitled, "Experiments made with a view to ascertain the Principle upon which the Action of the Heart depends, and the Relations which subsist between that Organ and the Nervous System." In 1815 a paper was published by Mr. Clift, entitled "Experiments to ascertain the Influence of the Spinal Cord on the Action of the Heart in Fishes."

After all these elaborate researches had been made, the cause of the heart's action, one of the most difficult problems in physiology, remained unsolved. It does not appear that any of these anatomists and physiologists made an attempt to discover to what extent the heart is endowed with nervous structures, and whether the action of the heart could not be referred to the influence of these structures, independent of the brain and spinal cord. Haller, Wrisberg, Soemmering, and other anatomists who lived about the middle and towards the close of the last century, affirmed that the action of the heart did not depend upon nervous influence, but on an unknown hypothetical principle which they called irritability. This, they said, was the cause of muscular action in all parts of the body.

In 1791 or 1792 B. J. Behrends, a pupil of Professor Soemmering, published a treatise, entitled, 'Dissertatio Inauguralis qua Demonstratur Cor Nervis Carere.'

In 1794 Scarpa's work, 'Tabulæ Neuralogicæ ad Illustrandum Historiam Anatomicam Nervorum Cardiacerum,' was published. It contains four engravings of the human heart, and if these be examined it will be seen that branches of nerves have been represented accompanying the coronary arteries, as in the engraving of Behrends, but few, if any, passing into the muscular substance of the heart.

In Mr. Swan's magnificent work, published in 1830, only a few small branches of nerves have been represented, which accompany the coronary arteries, and the muscular substance of the heart is represented as almost completely destitute of nerves.

In 1839 M. Remak stated that he had discovered in the human heart small ganglia on the filaments of the cardiac nerves, as they ramify on the substance of the heart. In the engraving which accompanies M. Remak's paper, the heart is represented as almost totally destitute both of ganglia and nerves, as in the engraving of Behrends.

It is impossible to deny that at this time and in 1844 the nervous system of the heart remained undiscovered, and the cause of the heart's action unexplained. The discovery of the ganglia and nerves of the uterus on the 8th of April, 1838, led by an extraordinary and unexpected route to the discovery of the ganglia and nerves of the heart in September, 1846, by which the problem of the heart's action was finally solved. The author then states the four conclusions which he was enabled to deduce from his dissections, and states that, in compliance with the request of a member of the Council, the preparations which warrant these conclusions had been placed upon the table of the Society.

Mr. Shaw said that the Society must be impressed with admiration at the zeal with which Dr. Lee had worked at the anatomy of the nerves of the uterus and heart. One point of great importance as regarded these nerves was the relative proportion of fibres received from the vagus and the sympathetic; but Dr. Lee had not said anything on this point. It was one most difficult to determine, as the fibres from these sources combined. This part of the subject had, Mr. Shaw said, been pursued with great success by Dr. Pettigrew, who had adopted a peculiar method in dissections—viz., the employment of ether, which dissolved out the fat.

Dr. Lee said there can be no doubt about the origin of the cardiac ganglia and nerves; they all arise from the great sympathetic and par vagum. From the second cervical ganglia of the great sympathetic, branches pass down to the heart, and there proceed to the base between the pulmonary artery and aorta, where the great ganglionic plexus is formed which was first described by Fallopius. Into this great ganglionic plexus branches pass from the par vagum, and all the ganglia and nerves distributed over the surface and throughout the walls to the lining membrane of the heart take their origin in this great plexus, to obtain a complete view of which it is necessary to cut away the pulmonary artery at its origin. All this, he said, could be seen in the first dissection which he ever made of the ganglia and nerves of the heart of a child. But the light of that room was not favourable, he said, for such an examination. The proper time is the morning, soon after the sun has risen, when the atmosphere is clear; and this is the only time when a minute dissection of these nervous structures can be made. This heart was removed from the body of a child aged six years, who died from disease of the brain in St. George's Hospital. The blood was first removed by immersing the heart for several days in pure water. It was then placed in a shallow porcelain dish and covered with strong alcohol. With the help of a dissecting lens which magnified six diameters, he (Dr. Lee) proceeded—with a pair of small forceps in his left hand and a curved needle in his right, or a pair of small forceps—to remove the layer of the pericardium covering the heart and the fascia beneath it, and the fat. A plexus of ganglia and nerves soon came into view; it was impossible to mistake them for anything else. He then proceeded to remove the whole pericardium from the base to the apex, and had

the great satisfaction of seeing the whole surface of the heart covered with ganglia and nerves. They were traced backwards, and were found to pass between the pulmonary artery and the aorta. The former being cut away, the whole cardiac system of ganglia and nerves was brought into view. If the preparation were examined, they would all be visible even in that unfavourable light. An elaborate drawing was made of these ganglia and nerves by Mr. West, the eminent artist so long employed by Mr. Swan, and an engraving made which has been published in the 'Philosophical Transactions.' This woodcut has been made from the engraving exhibited. All the ganglia and nerves here displayed are continuous with the great sympathetic and par vagum.

Mr. SOLLY said it would be interesting to know how long Dr. Lee had been at work. Years ago that gentleman had submitted specimens to him to obtain his opinion as to whether certain tissues of the uterus were nerves; he then had no hesitation in saying that they were. Recently he had seen fresh preparations by Dr. Lee of the nerves of the heart. Mr. Solly spoke in warm terms of the beauty of these preparations.

Dr. LEE said he would answer Mr. Solly's question by reading the following extract from his journal:—"I had often put this question to the most distinguished anatomists and physiologists—From what source does the heart derive its sensitive and contractile power? but no satisfactory answer was ever received. I urged several anatomists to undertake the investigation of the nervous structures of the heart, and assured them that if they did so their labour would not be lost. At last I prevailed upon one gentleman to undertake the task. When a year had elapsed, I went to see what progress had been made, and found that he was just on the point of commencing—of breaking ground: the serous membrane had not been removed from the human heart. On the 23rd of April, 1846, an accidental circumstance occurred which made me determine to undertake the labour myself. On that day I went into the library of the Royal Society, where I found the president (the Marquis of Northampton), Dr. Todd, of King's College, and Mr. Simon. A warm discussion immediately commenced respecting the nervous structures of the uterus, when it was asserted by Dr. Todd that the heart had few or no ganglia and nerves, and therefore that the uterus did not require such ganglia and nerves as I had described and represented in the 'Philosophical Transactions.' I inquired of Dr. Todd if he had ever dissected the nerves of the heart, and the reply was that he had never done so; but in support of the truth of what he had affirmed I was referred to the plates of Scarpa and Swan, in which the muscular structure of the human heart is represented as almost entirely destitute of nerves, from which it might be inferred that the action of the heart did not depend upon nervous influence. Having procured the heart of a child six years of age that had died of disease of the brain in St. George's Hospital, and having removed all the blood by immersion in water, it was covered with strong alcohol, and on Sept. 12th, 1846, I proceeded with these small forceps and needles, and this dissecting lens, magnifying six diameters, to see what could be determined. In a few hours, the serous membrane being removed, there were seen numerous branches of nerves with ganglionic enlargements, wholly unconnected with the coronary arteries, ramifying on the surface, and plunging into the muscular substance of the heart. These were traced to the base, and found to terminate in a great ganglionic plexus situated between the pulmonary artery and aorta, into which branches from the par vagum, recurrent, and sympathetic entered. In the evening I showed these ganglia and nerves to Mr. Wharton Jones, and begged him to compare them with the plates of Mr. Swan. He saw the whole surface of the left ventricle, from the base to the apex, covered with an immense plexus of ganglia and nerves. It was now obvious that the ganglia and nerves of the heart had been overlooked by anatomists as those of the uterus, and that no argument against the existence of the ganglia and nerves of the uterus, which had been demonstrated to exist, could be drawn from the assumption that the heart had no ganglia and few nerves."

The PRESIDENT inquired if all the dissections upon the table had been made in the same manner.

Dr. LEE replied that they had all been made in the same manner, that the preparations had been made while covered with strong alcohol, and that the lens magnifying twelve diameters was never employed unless the ganglia and nerves could not be completely cleared of the cellular membrane and fat in which they were imbedded. You can no more make out the ganglia and nerves of the heart without a lens than you can make out the satellites of Jupiter without a telescope. But more is required; if the preparation is not covered with alcohol while the dissection is going on, the ganglia and nerves cannot be displayed. An eminent anatomist had refused to examine these dissections when covered with alcohol, and affirmed that all the ganglia and nerves here displayed are absorbents. Of course it was impossible to do anything with him; there was no hope of coming to any agreement with him. It was from the analogy between the structure and functions of the uterus and heart that he (Dr. Lee) arrived at the conclusion that the heart must be endowed with a system of ganglia and nerves similar to those of the uterus, and he felt the greatest desire to know whether the nerves of the heart would enlarge with hypertrophy like the nerves of the gravid uterus. This great truth was brought to light by the examination of an enormously hypertrophied heart presented to him by Dr. Nairne. It has since been called Dr. Nairne's heart, and he has gained immortality by it. Here is the preparation, and a most beautiful delineation of it by Mr. West. This was the great point he (Dr. Lee) was determined to make out, that the ganglia and nerves of the hypertrophied heart enlarge like those of the gravid uterus. He had placed upon the table preparations of the ganglia and nerves of the virgin uterus and of the gravid uterus in the ninth month. Would anyone venture to step forward and deny that the ganglia and nerves of the uterus enlarge during pregnancy? If these preparations of the nervous structures of the virgin uterus were examined, the great ganglia on the sides of the neck of the uterus, in which the hypogastric and sacral nerves terminate, would be clearly seen, and if these were compared with the same ganglia in the gravid uterus of nine months, it would be seen that they were enlarged in proportion to the enlargement of the organ. Dr. Lee concluded by passing a severe sentence of condemnation on certain members of the Council of the Royal Society, and the referees whom he named, in his first paper on the "Nervous System of the Heart," for publishing a secret and confidential report in certain medical journals, stating that no such ganglia and nerves as those he had described, and Mr. West represented, existed. Anonymous letters were written and published, asserting that he had attempted to practise an imposition, for which he ought to be expelled from the Society. This report was not founded upon the preparations, but upon a strange story invented by a person who remained concealed seven years behind the scenes. The ground being cleared by the forcible removal of the offending President and Secretary, another paper was presented, another referee appointed, and this paper was published in the 'Philosophical Transactions,' with engravings, in 1849. "Here is the paper," said Dr. Lee, holding it up to the President. "Opposition, foul or fair, is in the end most advantageous; it is a powerful spur to the exertion which insures success after years of toil.' Since the publication of this paper he had continued, he said, at intervals to prosecute the investigation with increased energy, and the entire results are placed before the Society. It is now demonstrated by evidence which cannot be contradicted that the heart is endowed with a great system of ganglia and nerves, which had never been before described or delineated in the works of any anatomist.

REMARKABLE INSTANCE OF A GROWTH SPRINGING FROM THE EPIGLOTTIS, WHICH WAS SUCCESSFULLY REMOVED WITH THE AID OF THE LARYNGOSCOPE.

BY GEORGE DUNCAN GIBB, M.D., LL.D.

Although the pathology of the epiglottis has been much enriched since the revival of the laryngoscope, tumours of

the cartilage were very uncommon. This was proved by inspection of the museums of London and elsewhere, together with the author's own experience. Such instances as had existed involved the laryngeal surface of the cartilage, and were chiefly warty vegetations; and the same surface was affected by the mucous cyst in Mr. Durham's recent case. The author now contributed an instance wherein a large growth sprang from the lingual surface of the cartilage, with the object of adding to our knowledge of its pathology, aiding diagnosis, and showing what might be done under the most urgent circumstances.

The patient was a lady of sixty years of age, the wife of a clergyman, who had suffered from a throat affection for two years, the symptoms simulating malignant stricture of the œsophagus, with more or less constant dysphagia and expectoration of blood and mucus, associated with severe pain. Matters had been getting worse for the last twelve months. On examination in July last, she was pale and wan, emaciated, spoke in a low, thick, guttural tone, had complete dysphagia with fluids, and could swallow a little farinaceous food or an egg. Fluids always passed through the nostrils. She had no dyspnœa unless when lying on her back at night, but never in the daytime; coughed and expectorated mucus, at times frothy or thick and stringy, and sometimes mixed with blood. With the laryngoscope, a roundish, prominent, and projecting tumour, of the size of a small walnut, was seen occupying the position of a pendant epiglottis, which, during the act of swallowing, became elevated, and could be seen by the unaided eye at the back of the mouth pressing against the pharynx. The epiglottis itself was not seen, nor the interior of the larynx; but the posterior margins of the arytenoid cartilages could be observed. It seemed as if the tumour, partly divided by an antero-posterior sulcus, grew from the lingual surface of the epiglottis. It was red and vascular in some parts, white in others, eroded, and giving rise to free expectoration of mucus and oozing of blood. Believing that the entire cartilage was involved in the disease, the author's intention was to remove the whole mass, including all the free portion of the epiglottis, and trust afterwards to Nature to so contract the laryngeal orifice as to permit swallowing without inconvenience, as had happened to him in other cases where the free portion of the cartilage had been destroyed by ulceration. On the 7th of July the thick loop of wire of an improvised écraseur was passed around the base of the tumour, and on the second introduction, it was drawn home, and quickly detached the growth; and at the same instant, it was seized by Mr. Ure at the back of the mouth with volsellum forceps, and extracted. Chloroform was not administered, the lady having sat on a chair in front of the author, the tongue being held outwards by Dr. Logan. There was little bleeding, and it was found that the lingual surface of the epiglottis had been separated from the growth as cleanly as if dissected with a scalpel. The subsequent progress was most satisfactory; the character of the voice improved, and swallowing now became quite easy, and has continued so to the present time, although occasionally there is a little sanguineous expectoration from the throat. The tumour was soft and spongy, and, on microscopic examination by Dr. Andrew Clark, was pronounced to be unquestionably benign, in its present condition a connective tissue, and would have become most probably a fibro-cartilaginous growth. In a general commentary upon the case, the author believed that the growth had become movable, with a sulcus running transversely behind, which permitted of its fortunate removal without injury to the epiglottis itself.

Oxford University.—The following gentlemen have been appointed Examiners in Medicine:—Dr. Rolleston, Mr. H. S. J. Smith, Sir B. C. Brodie, Dr. T. K. Chambers, and Dr. J. W. Ogle.

Medical Fees in America.—The "doctors" of Hanover County, Virginia, announce the following as their tariff of fees:—Thirty dollars per visit for all distances of five miles and under; all distances over five miles, an additional fee of two dols. per mile; night visits double that of day visits; consultation fee, forty dols; obstetric cases, one hundred dols.

CAMBRIDGE.

[FROM OUR CORRESPONDENT.]

November, 1864.

The walls of the new Addenbrooke's Hospital are fast rising, and giving promise of a most noble edifice. The area of the new building is considerably greater than that of the old. The beds will all have greater space, but their number will only be increased by two.

Clubs and societies are peculiarly fashionable in Cambridge. It would be difficult to estimate the number of clubs in some colleges, and still more difficult to form any idea of the number of small societies in existence, both confined to the colleges and open to the University, with objects almost as varied as their numbers. In accordance, however, with the prevailing fashion, the undergraduate Medical community are considering that they ought to form a separate society for themselves, where they can read papers and discuss Medical subjects. This movement has been set on foot by a class of men whose numbers are slowly but steadily increasing in Cambridge, and whose admission must be considered as one of the strongest evidences of the rising status of the Medical Profession—I refer to men who have passed through the London course, and obtained their London diploma before entering the University. No decided step, however, has yet been taken. The preliminary meeting which some of these gentlemen held for the purpose of considering the advisability of the step has been adjourned. It is right to give every species of encouragement to whatever will advance either the Profession or its members; but a junior Medical society in the University is at present, at all events, clearly out of place. The opportunity for continued and extensive observation in pathology is wanting; and even if it were not, a man would injure his university course by embracing it. A society already exists—The Cambridge University Natural Science Society—where papers on scientific subjects are well received and ably discussed. The physiological papers especially—I may mention those of Messrs. Spencer and Dickson in particular—have been much appreciated; and I am certain that pathological ones would equally be accepted, the more so as the Natural Science Society numbers many men in a marked degree capable of discussing the subject. The Natural Science Society is still young and has many errors to correct, but it is improving and steadily increasing, and also is becoming of importance in the University. It would be much more advisable for the Medical members to support it than to form a new association constituted exclusively of themselves.

From several letters lately addressed to your contemporaries, many Medical men and others seem strangely to misunderstand the objects of a university course. The university is not a Medical school competing with those institutions located in London and elsewhere, and it would be a sorry day for Cambridge if it ever became such. Medicine is a supplemental study of the University, as, also, is Divinity or Law. The university course is intended to train the mind morally and intellectually, to refine the feelings and tastes, and to improve the social status of the men—that is, to render them useful members of society, polished gentlemen, fit for any exigency in life. This is accomplished as much by the three years' residence as by those studies which constitute the B.A. examination. After this course has been passed through, the fosterlings of Cambridge are in the highest degree fitted to perform the duties of life, as statesmen, lawyers, divines, or Medical men, and they can then make use of the supplemental studies which gives them special training in that path in which they are destined to devote their lives. If a father wishes for his son a cheap school, where he can study Medicine in a short time, at a small cost, he cannot find it better than in London. If, however, he wishes every training for his son that will prepare him for his position as a Medical man in the refined and educated circles of society, the universities alone can offer him the advantage.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 23, 1864.

THE NECESSITY OF AMENDING THE MEDICAL ACT.

As the Medical Council are now impressed with the necessity of making the Medical Act a useful measure instead of a dead letter, and as the time is fast approaching when the assembly of Parliament will permit of the discussion of the subject with a view to practical improvement, it becomes a duty incumbent on the Medical Profession to consider what changes are actually required, and what concessions are likely to be made to the Profession on the part of the Legislature and the public.

It cannot for a moment be denied that the Medical Profession is unanimously and justly dissatisfied with the present working of the Act, which exacts from all practitioners who desire to register a pretty heavy contribution, and gives no protection in return. It may, however, be asked, in these days of free trade, why the Medical Profession should have any protection, and why the public should not be at perfect liberty to choose whatever Medical assistance they please, whether from regular or irregular practitioners?

To the first of these questions it may be answered that even to free trade there must be a limit somewhere, and that to allow full liberty to all persons to exercise any calling, however dangerous or however difficult, without any control or supervision, would be inconsistent with the maintenance of the general welfare of civilised nations Thus, for instance, certain restrictions are imposed upon the manufacture and sale of gunpowder; there are certain prohibitions against the exercise of offensive trades and occupations; persons who keep public-houses must shut them up at certain hours; and people cannot sell beer, or spirits, or tobacco, without a licence. Again, in most of the articles of commerce, the public are quite able to judge for themselves whether they are buying what is good and whether they are paying a fair price for it. It requires no extraordinary ability for a person, even in the humblest walks of life, to know whether a butcher or a baker is selling good meat or good bread; but even in this case the Legislature interferes and prevents the butcher from selling diseased or putrid meat under heavy penalties, and fines the baker if he adulterates his bread. There is, therefore, nothing very monstrous in the proposition that some protection should be offered to the public in respect of the Medical Profession, or even that some should be afforded to the Profession in respect to the public. It might, indeed, be urged that there was even more need for some restrictive measures in relation to the Medical Profession than to many other callings in life; because, while the education of Medical men is equal to that of any other class of society, and superior to that of most, it is quite impossible, in the very nature of things, for the public generally, either to estimate Medical services at their true value, or to distinguish between true merit and fictitious pretensions in persons calling themselves Medical practitioners. Still, in deference to the spirit of the age, nearly all the restrictions once imposed upon Medical practice have been gradually abolished; and although lawyers cannot exercise their calling without going through certain prescribed formalities, and clergymen of the Established Church must receive ordination before they can perform their duties, yet Medical men are virtually subjected to no restrictions at all except those which the public may themselves dictate. It is idle to assert as privileges granted by the recent Medical Act, that none but registered practitioners can obtain Government or other public employments, or can successfully sue for their fees, for the quack fraternity would think it quite beneath them to accept the wretched pittances which are doled out by public parsimony to the legitimate members of our Profession; and as to the recovery of fees, few of our Medical brethren ever think of suing for them, and the quacks take care to get them beforehand, and thus save themselves the trouble and expense of law.

But we are now brought to the second question we proposed—namely, whether the public should not be at perfect liberty to choose whatever form of Medical assistance they please—and to this question we answer in the affirmative, but with this addition, that the public should be allowed to know the difference between qualified and unqualified practitioners; and we assert that at present they do *not* know the difference. It is all very well to state from the magisterial bench that the names of qualified practitioners are to be found in the 'Medical Register;' but how many of the public take in the 'Medical Register,' and how many millions of the public never even heard of its existence? On the other hand, the public take in and read the newspapers, and they find persons advertising themselves as Doctors of Medicine and Licentiates in Medicine and Surgery, or assuming other such titles; and as they find these persons so advertising themselves year after year, the readers very naturally conclude that they are what they profess themselves to be, and they consult them because they believe them to be regular practitioners. All that we, as Medical men, ask, is, that the honest people should at least have as much justice dealt out to them as the dishonest ones; and as the legitimate members of the Profession insert in the 'Register' their real names and addresses, together with the University or other licensing body from which they obtained their diplomas or licences, so ought the pseudo-members of the Medical body to proclaim their real names and titles, so that they may be placed, at any rate, on the same level with ourselves as members of the commonwealth. As matters stand at present, the dishonest people are favoured by the law, which allows them to assume fictitious names, and thus facilitates their escape when any attempt is made to make them answerable for their misdeeds.

As to the suppression of quackery, we are not so Utopian as to expect that any efforts in that direction would have

any chance of success; and we must add, that we have no desire to see any such efforts made. It is the natural tendency of some minds to admire whatever is mystical, and to embrace a doctrine or a practice which appeals to the imagination rather than one which addresses itself to the reason; and we also allow that, in many dangerous and hopeless diseases, the very knavery and falsehood of quackery may perhaps be beneficial to the sufferer's feelings by feeding him with hopes, however fallacious. Far be it from us to discourage any appeal even to quackery by such persons or under such circumstances; and it may be a matter of regret to the honourable practitioner that his stern duty too often forbids him to hold out promises which he knows cannot be fulfilled.

Finally, we do not deny the existence of quackery within as well as without our ranks; and all we have to remark on this branch of the subject is, that, at all events, intra-professional quackery is amenable to the correction of the Medical Council and of professional opinion, and the castigation of the Medical Press, whereas the quackery outside is subject to no correction or control whatever; and, whatever may be its glaring iniquities, the Medical Press is powerless to denounce them, for it is compelled to withhold the merited scourge from the fear of the law of libel.

SUMMARY OF THE WEEK.

VACCINATION AT WHITEHAVEN.

The Medical Profession at Whitehaven are still endeavouring to induce the Board of Guardians of that district to alter their present system of appointing Vaccinators, and to constitute all the Medical men Vaccinators instead of restricting the appointment to the Poor-law Medical Officers. A deputation of Medical men lately had an interview with the Whitehaven Guardians, and strongly urged the alteration of the existing system, and the result was that one of the Guardians has given notice of a motion that all the Medical men be appointed public Vaccinators. It is quite possible to understand the little jealousies which may prevail in a provincial town, and the dislike that many practitioners may feel at having their patients vaccinated by the public Vaccinators, especially when the latter are the Poor-law Medical Officers; and so far we may sympathise with the remonstrances made to the Whitehaven guardians. But, in our opinion, it is essentially necessary that vaccination, to be effectual, should be performed at stated times and by thoroughly competent persons; and without casting any doubt upon the competence of any one, we conceive it to be impossible for a large number of surgeons, acting separately, to keep up a proper supply of lymph, and thus to insure the efficacy of the operation. If vaccination were the same thing as drawing a tooth, there could be no objection to allow every practitioner to perform the operation; but vaccination not only requires the proper performance of the operation itself, but a proper selection of the lymph to be employed, and this selection can only be made when a large number of cases are brought for vaccination at regular and stated intervals. We cannot, therefore, admit the expediency of making Vaccinators of all the Medical men of a district, some of whom might have many cases, and others few cases or none at all, and the latter of whom would be wholly unable to keep up a proper supply of lymph. We must also, again, express our opinion that the control of vaccination ought not to rest with the Poor-law guardians, that the Poor-law Medical Officers ought not to be exclusively appointed as Vaccinators, and that some proper control and supervision ought to be established over the practice of vaccination.

THE UTILISATION OF THE SEWAGE.

Whatever may be thought of the respective merits of the different schemes proposed for the utilisation of the Metropolitan Sewage, it must be gratifying to every person possessing either the elements of science or the principles of common sense, to know that the enormous mass of materials thrown out from the drains of our great city is not to be cast away into the sea as a useless and offensive nuisance. For our own parts, it matters very little whether the sewage is to be employed in reclaiming land from the sea or in fertilising soils already prepared for culture by previous labour and expense, though we incline to believe that the latter plan is probably the best. We read, *cum grano salis*, the energetic advocacy of the different schemes by the partisans of each, and we are not without suspicion that the advocates are more personally interested in the result than they would wish the public to know. As Medical men, we may express a pretty strong opinion that there are no sanitary objections of any weight against the utilisation of the sewage, inasmuch as disagreeable smells are not necessarily the sources of disease. We may mention, in passing, that the epidemic of typhoid fever now undoubtedly prevailing at Woolwich is not attributable to the Main Drainage Works, which are at a considerable distance from the town, but is probably connected with some insalubrious condition of the town itself.

THE SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN.

We willingly direct attention to the circumstance that, on December 7, a Court of Directors of the above Society will be held, when candidates for admission may be proposed. The terms of subscription are very low—namely, two guineas per annum; and by the payment of this small sum, a member of the Society insures a provision for his wife and children in case of his death. The benefits of the Society are confined to the county of Middlesex and the limits of the London postal district.

PERSECUTION OF A MEDICAL MAN.

It will be recollected that, some months since, Dr. Charles Lingen, of Hereford, was called upon to defend himself in a frivolous action brought against him, and although he was successful, he was saddled with heavy law expenses, which were, however, defrayed by the prompt assistance of his Medical and other friends. From the following extract,

it will be seen that Dr. Lingen's troubles are not yet quite over:—

GUILDHALL, HEREFORD.—THURSDAY, NOV. 17.

MORGAN *v.* LINGEN—LINGEN *v.* MORGAN.

There were three summonses to be disposed of—the first, a summons by Miss Morgan against Mr. Lingen for an assault on the 7th inst.; the second, a summons by Mr. Lingen against Miss Morgan for an assault on the same day; and the third, one by Mr. Lingen calling upon Miss Morgan to show cause why she should not be bound over to keep the peace towards himself and family.—Mr. Gwynne James, who represented Mr. Lingen, applied for the three summonses to be taken together.—The summons "Morgan *v.* Lingen" was then proceeded with.—The complainant, having been sworn, said: My name is Margaret Penelope Morgan, and on Monday, the 7th of November, I was in the Cathedral close and passed by the Deanery; I saw Charles Lingen just at the corner; he was coming towards the churchyard, I believe from Harley court; I smiled and said "Insane Lingen."—After relating the particulars of the alleged assault, Miss Morgan called Dr. Gilliland, who said: I was passing near the Deanery gate, when Miss Morgan called me by name and came towards me; she told me that Mr. Lingen had assaulted her with a stick in Harley court, and she drew my attention to a mark on the front of her dress, which she said had been produced by a blow—I think she said with a stick. That is all I know about it.—Complainant: All Dr. Gilliland saw was the dirty mark of the stick, but I think he will say that I afterwards asked him if he could advise me anything for the pain I was suffering in my breast.—Dr. Gilliland: Two days afterwards Miss Morgan met me, and I told her I did not think it would come to anything; I know that I told her I thought there was nothing necessary to be done, and I was much surprised to receive a summons in this case.—Mr. James: You made no personal examination?—No. When Miss Morgan says she consulted me, I should explain that nothing has taken place except the conversation when she passed me in the High town.—And that consultation was not quite in the usual professional style?—Not exactly.—You were formerly manager of the Hereford Lunatic Asylum?—Yes.—Have you had conversations with Miss Morgau?—Yes, I have sometimes had conversations with her.—Has she made any communication to you on the subject of these assaults, which she says have been committed upon her by various persons?—She has, from time to time.—And of the malice which she says a number of respectable people in Hereford have against her?—I don't know that she used the word malice, but she said she was persecuted by a number of ladies and gentlemen; in fact, she complained of what she has herself repeated here to-day.—You have heard the greater part of her evidence to-day?—I have.—And also heard her written statement?—Yes.—And have you any doubt on your own mind that on this subject she is labouring under a delusion?—The Magistrates' Clerk thought such a question could not be put.—Mr. James: It is on cross-examination of Miss Morgan's witness.—The Magistrates' Clerk: A series of facts have been placed before the Court which you have not yet contradicted. You can put any question to Dr. Gilliland upon those facts.—Mr. James: I wish to put no irregular question. If the clerk says this is irregular, and the magistrates decide against me, I must submit; but I shall press the question.—Dr. Gilliland: I should object to any such question. I have never examined Miss Morgan to test her mental capacity, and therefore shall not express any opinion on the subject (partial applause).—The Magistrates' Clerk: That is the safest course to take. Dr. Lingen, in his evidence, denied the assault altogether, and proved that he was the person assaulted; and after he and his witnesses were examined, the magistrates retired for consultation, and were absent about a quarter of an hour. On their return, the Mayor announced the decision as follows: The summons against Mr. Lingen dismissed; the case against Miss Morgan to find sureties proved; to be bound in her own recognisances of 40*l.*, and to find two sureties of 20*l.* each, to keep the peace towards Mr. Lingen and all his family for six months.—Miss Morgan: I can't find sureties. The magistrates had better commit me to prison at once. It will be a great relief to me, as I can't find money to pay for lodgings, and then the Lingens and the Jameses can feast and have their dinners in peace. But as soon as I come out of prison, I shall say "Insane Lingen" again.—The Magistrates' Clerk: The magistrates will give you until Monday to find sureties.—Miss Morgan: It is perfectly useless. I have no sureties. You may just as well commit me now.—The Mayor: Call the next case.

REVIEW OF BOOKS.

The Principles and Practice of Medicine: designed chiefly for Students of Indian Medical Colleges. By John Peet, M.D., F.R.C.P., Principal and Professor of Medicine, Grant Medical College. Pp. 590. London: Churchill and Sons. Bombay: Thacker and Co., 1864.

This work, although embracing the whole field of the practice of Medicine, is more especially intended, as we are informed in the title-page, for Indian medical students, and it will form a useful book of reference for those whose duty leads them to the treatment of the diseases of tropical climates. These latter affections are so different from those met with in temperate latitudes, that many authors have considered that they ought to be treated upon altogether different principles; but Dr. Peet points out that the distinction between them is not so much founded upon an essential dissimilarity, as upon the relative frequency and severity of particular diseases. "For example, an acute abscess of the liver is the same in a tropical as in a temperate climate, and requires to be treated upon the same principles; but for one acute abscess of the liver in a temperate region, a hundred will probably be met with in a tropical country. Further, it not unfrequently happens that the same disease varies greatly in intensity according as it occurs in the temperate or torrid zones. Thus, dysentery in the northern parts of Europe is comparatively a mild affection; in India it is often fatal. It is not of course to be maintained that these differences are due alone to the action of heat upon the animal frame. It is probable, and indeed certain, that in producing or modifying many diseases, the effect of a high temperature is, in the first instance, to give rise to a poison which becomes the real factor in the causation of disease. Of this a better example cannot be adduced than the production and action of malaria. Nevertheless, long-continued exposure to a high temperature renders the system predisposed to attacks of many diseases, and incapable, when they occur, of that healthy reaction which is requisite for their removal" (p. 5).

The effects of great heat, in causing disease, are more particularly observed in persons newly arrived in a tropical country, and in such cases the affection is rapid in its progress, and requires to be controlled by active and vigorous treatment. But it would be erroneous to conclude, because such treatment is necessary in the cases alluded to, that all acute diseases in tropical countries require more energetic depletory measures than is borne by the inhabitants of cooler climates. The fact is, that the long-continued exposure to heat, and to the malaria generally present in the tropics, has a lowering effect upon the system, and thus the patients are little able to bear vigorous antiphlogistic treatment.

From the observations we have quoted, it will be seen that Dr. Peet is not an advocate either of ultra-depletion or of ultra-stimulation in the management of diseases, and that his treatment is rather guided by the type of the malady and the powers of the patient, than by any preconceived or dogmatic notions. Thus, in turning to his remarks on those two diseases, so common in India and so rare in our own climate, acute dysentery and acute hepatitis, we find that he recommends depletory measures to be adopted only so far as they are justified by the circumstances of the individual case. As to the disputed question of the operative treatment in hepatic abscess, Dr. Peet thinks that the practice of opening it is generally unadvisable, for the small abscesses

open of themselves, while in those which do not reach the surface an artificial opening increases the patient's sufferings and hastens his death.

It is only just to remark, that although tropical diseases are specially dwelt upon when they occur in the course of the volume, yet the book altogether gives a very fair and able sketch of the general principles and practice of Medicine.

Transactions of the Pathological Society of London. Vol. XV. London : 1864.

This volume of 'Transactions' is fully equal to any of its predecessors, which is perhaps the highest praise we can award. Our readers are made acquainted periodically with the descriptions of the specimens and the subsequent discussions which take place at the meetings of the Society, and this annual contains a classified arrangement of the descriptions, with short remarks on the history of the cases, occasional reports on specimens of peculiar interest or of doubtful nature, together with five highly finished plates and fifteen woodcuts. Among the rare forms of disease represented in the engravings are delineations of Mycetoma, or the fungus disease, a specimen having been sent from India by Dr. Carter. The left foot is the seat of the disease, and the patient was a native of Bombay. The foot itself is represented in one plate, and the magnified fungus-masses or granules in another.

REVIEW OF THE PERIODICALS.

The 'Lancet.

Mr. Solly opens the number with a "Clinical Lecture on Diseases of the Spine," and after describing the differences existing between lateral and angular curvature, he describes the case of a child who was affected with angular curvature about seven months after birth. The symptoms, at first sight, seemed to indicate disease of one or more of the vertebræ, but further examination convinced Mr. Solly that the case was only one of exaggerated stoop or curved back, without carious disease of the bodies of the vertebræ, but in all probability with a partial absorption of them. It was therefore advised that entire rest should be given to the vertebral column, together with mechanical support to the spine, thus assisting the muscles in preventing the spine from bending unduly forwards. A splint was accordingly invented and adapted to the back and chest, and by its use, together with tonic medicines and sea-bathing, the curvature was removed and the child's figure assumed its natural proportions.——Dr. Octavius Sturges, of St. George's Hospital, communicates a paper "On Bronzing of the Skin in Connexion with Diseased Supra-Renal Bodies." A striking case of Addison's disease has lately occurred in St. George's, and Dr. Sturges has searched the records of the hospital for other cases of the same kind. The symptoms of this disease are a brown colour of the skin, extreme debility, and a prostrate, half-torpid mental state, often irritability of the stomach, and feeble cardiac action. Making allowance for other diseases in which the skin is discoloured and the patient debilitated, Dr. Sturges considers that with due care a diagnosis of Addison's disease may be made with as much certainty as that of phthisis or valvular disease of the heart. In the cases related, a correct diagnosis was easily made—first, from the character of the bronzing, and especially its occurrence coincidently with the commencement of illness; and, secondly, from such illness being characterised by debility and prostration unaccounted for by any ascertained organic lesion.——Mr. J. N. Stevens publishes some "Contributions to Surgery," one case being the extirpation of the whole of the genital organs for cancer, the patient being a chimney-sweep, and making a good recovery. Another case is amputation of the foot at the ankle-joint for caries of the tarsal bones; and there are three cases of varicose ulcers successfully treated by Skey's method of applying the Vienna paste.——Mr. H. Bertin, of St. Mary's Hospital, relates "A Case of Poisoning by Tincture of Arnica." The patient was a middle-aged, pale-looking man, who had swallowed by mistake about an ounce of the tincture, and who was suffering from pain of the epigastrium and symptoms of collapse. Brandy and opium were administered, the patient was put into bed and hot bottles were applied to his feet, and the second morning after the day on which the poison was taken he entirely recovered.

The 'Medical Times and Gazette.'

Dr. Harley now enters upon his eighth lecture of his series upon the "Urine and Diseases of the Urinary Organs"—oxalic acid diathesis, oxaluria; its clinical significance and treatment: mulberry calculi being the subjects under consideration. Oxalic acid is almost always a component of the blood, but in very small quantities. In solution it may be recognised by the addition of a soluble salt of lime, occasioning a whitish precipitate of a crystalline character. In the urine it is generally combined with lime, and in such small crystals that it can be recognised only by means of the microscope. The means for detecting its presence are given, accompanied by a woodcut illustrative of the appearance of the oxalate of lime as it presents itself in the urine. This is of four characters: the octohedron, the dumb-bell, the irregular disc, and the well-defined diamond-shaped crystal. The octohedron is, however, the only characteristic shape, inasmuch as other crystals assume the other shapes which we have enumerated. Uric acid and triple phosphate crystals may be confounded with the oxalate of lime, the former appearing to the untutored eye to be octohedral, and the latter seeming to take a diamond shape; caustic potash will, however, decide the presence of the uric acid, and acetic acid that of the phosphate, the oxalate of lime being uninfluenced by either test. The manner of making the "quantitive analysis" is also given. The physiological bearing of the question is next considered. The lecturer considers oxalic acid to be a normal ingredient in the system, but at the same time thinks its presence in the urine as a sediment always diagnostic of a deranged condition of the economy. It may be excreted in an invisible form, and perhaps the shape assumed most frequently is that of the oxalate of urea. Oxalic acid has been detected in the blood. When this substance is taken internally in certain quantities, so that the blood becomes saturated, leeches will, on imbibing some of it, fall off and die. The acid is manufactured in the

human system. Urea is the last product of the retrograde metamorphosis of nitrogenised tissues, and is the form in which the albuminoid foods are excreted; uric acid is one of the intermediate products of the same series of metamorphoses: oxalic acid is one of the intermediate products of the metamorphosis of both the nitrogenised tissues, and of the albuminoid classes of food. Creatin, leucin, tyrosin, guianin, and lactic acid are, under certain conditions, convertible into oxalic acid, as are also the neutral fats when treated for a long time with nitric acid. The conclusion from the above is that oxalic acid is introduced into the system by means of the food we eat—vegetable, fruit, albuminoid, fatty, and saccharine—and that when it exists in diseases it is derived not only from these sources, but likewise from the interrupted retrograde metamorphosis of the various animal substances to which allusion has already been made.——Dr. G. SCOTT contributes a case of "Multilocular Ovarian Cyst—Ovariotomy—Recovery." The swelling, or dropsy, occurred about six weeks after marriage, so that at first the patient believed herself to be pregnant. She was tapped twice; but as she became weaker after each tapping, ovariotomy was proposed and acceded to. The tumour, weighing 11½ lbs., and having contained two gallons of fluid before they were removed previous to the completion of the operation, was taken away through an opening of about six or seven inches. Recovery from the operation was quite perfect; but in the course of a little time after the convalescence had begun, a collection of matter took place in the left iliac region, and poured itself into the bladder, whence it discharged itself outwardly together with the urine.——Deputy Inspector-General HARE continues his paper "On the Treatment of Malarious Fever." He begins by deprecating the evil of heroic unflinching depletory treatment; at the same time that he admits the value of drawing a little blood at the *commencement* of the cold stage so as to break the fever and thus cut it short by effecting a restoration of the equilibrium of the circulation. Mr. Hare's treatment is quinine in large doses, given every four hours; and that, too, in the very climax of the fever. The advantage in thus administering it is that it will prevent the congestions and complications which end in death. The earlier results, as shown by statistical tables, are most satisfactory, and are confirmed by the experience of later years.

OBITUARY.

PETER CHARLES PRICE, ESQ., F.R.C.S.

Until the time of his late and prolonged illness arrived, the subject of this memoir was as distinguished as any young surgeon for his ardent devotion to surgery, and his presence was familiar at all professional meetings, and at every opportunity where knowledge was to be acquired.

He was the fourth son of a most honourable and well-known member of our Profession, Dr. Price, of Margate, and, having a taste for his father's calling, entered at King's College, London, and threw himself into the pursuit of professional knowledge with characteristic ardour and energy. He very soon attracted the attention of his teacher, Mr. Fergusson, who, at the period in question, about twelve years since, had arrived nearly at the height of his extensive operative practice; and he profited largely and rapidly from his constant intercourse with such a man. A great admirer of the dexterity, decision, and neatness he was continually witnessing in his chief, he gradually began to evince in his own practice and operations the high qualities which distinguish the Professor of Surgery at King's College. Before long Mr. Price became attached to the Blenheim Dispensary, then to the Great Northern Hospital; and from his connexion with these institutions, and the Hospital for Scrofulous Children at Margate, he had very extensive opportunities of performing the most important surgical operations; and it is impossible for anyone to deny that he excelled largely in the qualities of a first-class surgeon. His operations were conducted with a dexterity, coolness, and neatness which commanded attention even from the most critical spectators, too many of whom, unfortunately, are not unwilling to depreciate the mechanical part of surgery, simply because they do not possess by nature and training any of those high and useful qualities which make the really good operating surgeon a blessing to humanity and an honour to his Profession. In the operation of lithotomy, especially, which the writer of this notice has seen him repeatedly perform, Price came as near as possible in excellence to his old teacher and master, whose skilful manœuvres, in this operation at least, are not to be equalled by any living surgeon.

Price's attention was, at a very early period of his career, drawn to the pathology and surgery of diseased joints, and his ardent devotion to the question of excision of the knee was well evinced by his practice and by his writings, which, next to those of Fergusson, and the late Mr. Jones, of Jersey, of whom he was a sincere friend and admirer, have done more than those of any other to establish excision of the knee as a legitimate proceeding in surgery. He performed it a great number of times, and with great success; and so anxious was he to see this operation established in surgery, that during the last two or three years of his active career in London, he devoted a large share of his time and attention to the investigation of the diseases of the knee, and of their treatment by excision. When the Council of the College of Surgeons of London announced as the subject for their Jacksonian Prize for 1861, "A Description of the Diseased Conditions of the Knee-joint which require Amputation of the Limb, and those Conditions which are favourable to Excision of the Joint, with an Explanation of the relative Advantages of both Operations as far as can be ascertained by cases properly authenticated," Price threw himself with his usual energy into the contest, worked night and day for upwards of a year, and sent in an essay which contained an accumulation of facts connected with the subject of excision of the knee such as had never been brought together before—with these also was a large collection of most beautiful drawings and preparations. We believe it was known to several that Price would be a competitor for the prize, and thereby others were prevented from trying for it, feeling that there was no one who could bring forward such a mass of facts and experience on the subject. His, consequently, was the only essay sent in; and it will scarcely be credited that the triumviri of the Committee of the Council—men well known to be either opposed to or nearly ignorant of the subject of excision of the knee—actually refused to award the prize to the author. This cruel conduct, which *some* of the Council tried to explain by an absurd quibble about *all* the conditions of the prize not being to the letter fulfilled, wounded Price sorely and deeply. From the period of this disappointment, his health, which was always weak, and which had been injured by his hard work and midnight study in connexion with the essay, began to show signs of rapid failure; and although his ardent nature and aspirations were further aroused by his appointment, in conjunction with his old and attached friend, Henry Smith, to the Assistant-Surgeoncy of King's College Hospital, in the summer of 1861, the fire only burned up brighter to be further quenched. About a month after he

commenced his new duties, symptoms of tuberculosis in the lungs rapidly showed themselves, and by the advice of those numerous friends who rallied round his sick bed, he took his departure for Mentone, where his health somewhat improved, and where he practised his Profession with considerable success—taking occasional trips to England in the meanwhile. It was evident, however, to all his friends, that disease was gradually advancing, and in the last summer he returned to England to die. In the words of a letter now lying before the writer, penned by one who was present at the last scene: "He passed from his earthly sufferings, as was to be expected from his noble attributes, in the calmest and happiest manner." We have thus briefly glanced at a career full of hope and brilliant prospect prematurely cut short—too many instances of which are furnished by the members of our arduous Profession. Peter Charles Price will be long and affectionately remembered by many friends who appreciated his fine generous qualities, and by many others who, not knowing him well enough, could not fail to be attracted by his remarkably winning manners and happy disposition.

Mr. Price's demise took place at Ventnor, on the 13th inst.—'Lancet.'

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 15th inst.:—Philip Burnard Chenery Ayres, Bedford; John Astley Bloxam, Russell square; E. Bryan, Frisby-on-the-Wreake, Leicestershire; R. H. Bush, York terrace, Regent's park; Archibald Henry Foley Cameron, Edinburgh; Albert John Clapp, M.D., Cork; Alfred Square Cooke, Gloucester; Thomas Davies, Abergele, N. Wales; Frederick Pooley Edis, M.B., Huntingdon; John Elliot, Stratford, Essex; Thomas Wimpenny Green, M.D., Rawtenstall, Lancashire; Joseph Groves, Newport, Isle of Wight; Daniel Hudson, Rocester, Staffordshire; George Jackson, Plymouth; William Follitt Montague Laidman, Exeter; George Edmund Legge Pearse, Regent street, Westminster; John Lowe Price, Wrexham; Dudley Howe Ryder, Greenwich; Charles Edward Saunders, Clapham; James William Smith, Whitby; Albert Waymouth, H.M. Dockyard, Deptford; Sedley Wolferstan, L.R.C.P. Lond., Plymouth; David Wright, Edinburgh.

The following gentlemen were admitted Members on the 16th inst.:—Robert Farrar Brideoake, Leigh, Lancashire; Thomas Wilson Corbin, Hornsey; John Craigie, Hackney; Henry Dawson, Church road, Islington; John Cornelius Dwyer, Woolwich; Albert Octavius Haslewood, Darlington; Henry Reginald Hatherley, Derby; Robert Arthur Jones, Carnarvon; Jordan Roche Lynch, Notting hill; Samuel Scott M'Millan, Bolton, Lancashire; John Oliphant, M.D., Edinburgh; William Pogson, Seacroft, near Leeds; John Hogan Quin, Dublin; George William Rigden, Canterbury; Thomas Rigg, M.D., Carlisle; Edward Coldridge Roberts, Exeter; Robert John Scott, C.M., Omagh; William Vicary Snow, Barnstaple; John George Frederick Wilford, Brompton, Yorkshire.

The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 10th inst.:—Jonathan Henry Kimbell, Knowle, Warwickshire—diploma of membership dated Nov. 11, 1842; Charles Pooley, Weston-super-Mare—May 2, 1842; William Cook Russell, Doncaster—April 22, 1833; Edwin John Waring, H.M. Indian Army—March 18, 1842.

The next examination for the Fellowship will take place on the 22nd inst. and two following days.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 10th inst.:—Frederick Powell, Westminster Hospital; Llewellyn Powell, St. Bartholomew's Hospital; Robert John Scott, St. Thomas's Hospital.

As an assistant:—Adam Dawson Joss, Cannon-stree road.

DR. T. K. CHAMBERS.—Our readers will regret to hear that Dr. Chambers has resigned his office of Physician to St. Mary's Hospital. Yielding to the advice of his medical attendants, he has resolved to retire entirely, for some months, from the active duties of his Profession. We trust that we may, ere long, be enabled to announce that he has again returned to London practice, and to the School at St. Mary's, where he has long laboured so honestly and so zealously. Dr. Chambers is, we are glad to add, in as good health as could be expected, after having undergone so serious an operation. Indeed, that he is so, may be gathered from the fact, that he now performs his duties of Examiner at Oxford. It is his intention, we believe, to pass some months in Italy. Dr. Chambers retains his Lectureship at St. Mary's Hospital Medical School, and has been recommended by the Weekly Board to be appointed Consulting Physician to the hospital.—'British Medical Journal.'

SCOTCH STUDENTS.—Sir David Brewster, in his capacity of Principal of the University of Edinburgh, delivered an address to the students on Tuesday-week. His harangue was of a discursive character, touching upon recent university reforms and endowments, the progress of science, Government neglect of scientific men, and the Edinburgh professors who have recently died, all of them being kindly eulogised. The behaviour of the students was not creditable, for they amused themselves by causing uproar and throwing peas at the professors, and even at Sir David himself, heedless of his great reputation and the snow-haired venerable appearance of more than eighty years.

EPIDEMIC DISEASE AT WOOLWICH.—At the weekly meeting of the Woolwich Local Board of Health, held on Thursday, Mr. Ruegg moved for the appointment of a committee to inquire into the causes of the present great mortality in the district from epidemic disease. He said that the Registrar-General's report proved the mortality at Woolwich now far exceeded that at the period when cholera raged in 1854. The prevailing epidemic, typhus fever, had struck down the wealthy and the cleanly even more than the poor and those who were compelled to reside in crowded habitations. Woolwich was naturally a healthy town, twice as healthy as London, but now the rate of mortality was considerably greater. After consideration, and obtaining all the information he could, he was convinced that this state of things arose from the discharge of metropolitan sewage into the Thames at the outfall works near Barking Creek, or from defective trapping of the local sewers. At all events, a searching investigation was required. Mr. Rixon, registrar for the district, said there was no disguising the fact that mortality was greatly increasing in the town. After considerable discussion, Mr. Ruegg's motion was adopted, and a committee appointed.

NORTH STAFFORDSHIRE MEDICAL SOCIETY. — This society held its twelfth annual meeting on the 17th inst., at the Railway Hotel, Stoke-upon-Trent, when the attendance of members was good. The report of the secretary was read, adopted, and ordered to be printed, after which the rules of the society were revised, and also ordered to be printed. The society has met many times during the year, when most able and practical papers have been read, objects of interest exhibited, and subjects affecting the Medical Profession in general discussed. The finances are in a most satisfactory state. The retiring president (W. H. Folker, Esq.) read an appropriate address, after which the thanks of the society were given to the past officers for their valuable services. The officers elected for the ensuing year are—*President*, Samuel Goddard, Esq.; *Treasurer*, James Yates, Esq. (re-elected); *Honorary Secretary*, Ralph Goodall, Esq. (re-elected); *Committee*, Dr. Crean, C. Orton, Esq., John Scott, Esq. (re-elected), Dr. Taylor, and Joseph Walker, Esq. (re-elected).

MR. ERASMUS WILSON, THE 'LANCET,' AND THE 'LONDON JOURNAL.' — Mr. Erasmus Wilson having been requested by a correspondent of the 'Lancet' to explain his association with the 'London Journal' as medical

editor, in which capacity he gave gratuitous advice on diseases of the skin in the columns of that periodical to any person who addressed him, gives the following statement:—"About four or five years ago, my friend Mr. Mark Lemon wrote to me to say that he had become the proprietor of the 'London Journal,' and invited my co-operation to give it popularity by writing some articles 'On the Physiology of the Skin.' I assented, and six or seven such papers were published. One afternoon, while in the editor's room, that gentleman called my attention to a number of letters from correspondents, containing queries on all subjects, and some on Medicine; and, as I knew how incorrectly and imperfectly answers to these questions were generally given, I offered to reply to them. It was my intention to do so anonymously; but, to my mortification, the very next Journal that appeared made the announcement that medical questions would be answered by me. I need hardly say that this unauthorized announcement was not repeated; and it resulted in my declining to continue my self-imposed duty, which I had undertaken only as an experiment, and with the hope of doing good. A few weeks later the Journal passed into other hands, and my interest in and connexion with it ceased. This statement scarcely justifies my being called the "medical editor" of the Journal. And in my mode of answering the queries I endeavoured to keep within such honourable limits as I believed might be permitted to the scholar and the gentleman."

THE METROPOLITAN BOARD OF WORKS AND THE ALLEGED EPIDEMIC AT WOOLWICH.—At the weekly meeting of this Board, held on Friday, at the offices in Spring gardens, Mr. Bazalgette, the chief engineer, referring to the statements which had appeared with regard to the malarious fever at Woolwich, and which had been attributed to the sewage in the Thames, made the following report:—"The sewage from the northern outfall at Barking is cast into the river shortly after the tide has turned, and begins to run towards the sea. At two hours after high water the flow into the river ceases, and the sewage is carried away by the ebb tide, and cannot return to Woolwich. The sewage from the south side of the river at present discharges at low water by gravitation, and consequently necessarily flows upward with the rising tide. It is confidently expected that within two months the Crossness pumping station will be completed, and then the sewage on that side of the river will also be discharged at high water, and, being carried away by the ebb tide, will no longer flow up to Woolwich. But there appear to be no tangible grounds for attributing the epidemic with which the neighbourhood of Woolwich has been visited to the discharge of sewage into the river. The sewage of London always flowed past Woolwich, while the sewage of the town was cast into the river at low water opposite to it, and the state of the river was certainly very much more offensive at Woolwich four or five years since than at present; but neither the town nor London was, however, visited by any particular epidemic. Crossness Point is four miles below Woolwich, and, although the discharge of sewage at low water now complained of took place during the hot summer months, no evil was thereby occasioned." The engineer went on to state that he understood the epidemic was not confined to Woolwich, but extended to Charlton and other places at some distance from the river, and he expressed his belief that careful inquiry would show that the river was not its predisposing cause. He further stated that the Crossness works would be pushed on with, and that in about two months' time the Thames opposite Woolwich would be more entirely freed from sewage than it had been within the last century. The report was supplemented with a letter of Dr. Cogen, stating that the writer did not believe certain illness which had been attributed to the discharge of sewage into the Thames had been so caused.

SALE OF CYANIDE OF POTASSIUM.—Suicides by means of cyanide of potassium have of late been so frequent as to suggest to chemists much more caution in retailing this highly poisonous salt. It is true that photography is a very popular art, and electrolytic gilding is occasionally practised by amateurs; but we may recommend chemists only to retail the salt to those personally known to them. By so doing many suicides will no doubt be prevented, and something will also be done to avoid the forced restriction on the sale of such articles which will inevitably be placed if the use of the cyanide for the purpose of suicide should extend.—'Chemical News.'

OXFORD LOCAL BOARD OF HEALTH.—At a convocation held on the 4th inst., the following gentlemen were elected Commissioners to act on the Board of Health recently adopted at Oxford:—Sir Benjamin B. Brodie, Professor of Chemistry; Dr. Child, Dr. Adams, and Professor Bernard. Amongst the Commissioners elected by the heads of Colleges are Dr. Acland and Dr. Rolleston.

DEATH FROM APOPLEXY, SUPPOSED FROM DRUNKENNESS.—An inquest was held a few days ago at the Metropolitan Free Hospital, on the body of a woman unknown. On last Thursday evening she was found on the steps of a public-house in Bishopsgate street, apparently drunk. She was taken to the police-station and put into a cell. As she remained insensible, the police-surgeon was sent for, who administered some remedy. He appears to have thought she was drunk. Later, still in a state of insensibility, she was removed to the workhouse and subsequently to the hospital, where she died. It was then found that she had been in a fit of apoplexy. The jury returned a verdict to that effect.

THE BRITISH ASSOCIATION.—The first meeting of the Local Committee for the reception of the British Association for the Advancement of Science at Birmingham next year was held in the Town Hall, on Monday last, when 1,500*l.* donations were announced. From the tone of the meeting, there can be little doubt that the Association will have a brilliant reception in the midland metropolis.

LAUDANUM AND TEETOTALISM.—Dr. Alfred Taylor, commissioned by the Privy Council, has sent in a report on the means of committing murder by poison which are allowed to exist in England. He says that poison enough to kill two adults can be purchased anywhere for threepence, and that the careless dispensing of poisonous drugs is the cause of most frightful accidents. As to laudanum, it appears to be sold wholesale, single shops often in the Marshland supplying three or four hundred customers every Saturday night. Retail druggists often dispense 200lbs. in one year, and one man complained that his wife had consumed 100*l.* in opium since he married. It is a mistake to consider the practice confined to the marshy districts. We do not believe there is a town in England where some one chemist does not on Saturday night load his counter with little bottles of laudanum; and we are assured by a wholesale druggist that he could and did sell it in the eastern counties to the extent of some thousands of pounds weight in a year. This gentleman, an old and keen observer, declared that the demand had sprung up shortly after the introduction of teetotalism, and that it would be found to vary everywhere, in accordance with the progress or decline of the system of total abstinence.—'Spectator.'

HONOUR TO THE BRAVE.—Not many weeks ago, a band of twelve physicians, occupying various positions in the army stationed in Canada, left Montreal (under orders from the authorities) for Bermuda,—then and still the scene of fearful ravages from yellow fever. Few who bade them farewell, and who knew the fearful fatality of the epidemic they were about to encounter, ever imagined that all would pass the ordeal unscathed. Too soon has this fear been realised. Hardly had this devoted band landed upon the pestilential shores, and entered upon the discharge of their duties, than one of their number was prostrated by the disease. Poor Milroy, the active, energetic assistant-surgeon of the 30th Regiment, now stationed in this garrison, was the first victim. Not long was he allowed to labour on his noble mission ere he passed away, a victim to the disease he went so far to assist in arresting. At the last accounts the disease was raging with unabated fury, and those who were able were leaving the country. Who can tell upon whom the fell destroyer will pounce as his next victim? for, worn out by watching, dispirited by want of success, they are indeed apt to contract the disease. Who but will remember the fearful epidemic of yellow fever at Norfolk, Virginia, in 1855, when forty physicians

fell in the hopeless contest? God grant this visitation in Bermuda may at its close give no such list. How few think of the dangers which the Profession is exposed in the discharge of its duties. How few, when they heard of the departure of the twelve physicians for Bermuda, even thought of the dangers they would so soon meet; and yet they are as great as those encountered by Assistant-Surgeons Manley and Temple in their brave conduct at the recent engagements in New Zealand, and for which their Queen has decorated them with that badge of distinguished bravery, the Victoria Cross. We cannot but admire the spirit of true heroism which is exhibited by the man who, at the call of duty, walks to almost certain death in aid of his fellow-creatures, suffering from a malignant infectious disease; he, in our opinion, deserves greater merit than he who marches to the cannon's mouth, during moments of intense excitement. One exhibits the cool collected determination, self-sacrificing benevolence of the Christian; the other the plucky spirit and gallantry of a brave man, —both equally to be admired, and equally deserving of recognition. But if no outward decoration is worn on the breast of the army or civilian physician who so often breathes the pestilential air so filled with summonses of death, there is that inward satisfaction which every physician feels when he knows that he is simply doing his duty, and exerting the talents which his Creator may have given him for the benefit of his suffering fellow-creatures. —Since the above was in type, we have been favoured with some information from Dr. Muir, C.B., Inspector-General, concerning the outbreak of the yellow fever in Bermuda, which we condense below. At the time the disease broke out, the commencement of August, there were five military medical officers stationed in Bermuda; all of these were speedily attacked, and one died (Asst.-Surgeon Dodge, 2nd Reg.). Of the medical men dispatched from Canada and Halifax, seven were attacked with the disease, and three have died—viz., Staff-Surgeon Clarke, from Quebec, Asst.-Surgeon Milroy, 30th Reg., from Montreal, and Asst.-Surg. Powell, from Halifax. All the others are convalescing satisfactorily. The naval service sustained a severe loss from the death of Deputy Inspector-General Gallagher, who died from the same disease. Mr. Henderson, of the Purveyor's department, who was transferred from Montreal to Bermuda in May last, also succumbed to the same destroyer. He as well as Surgeon Milroy has left many friends in Montreal. By the last official accounts received (dated October 1st), the disease was rapidly declining, and its total disappearance was speedily looked for. The medical officers, therefore, who could be spared have been recalled.—'Canada Medical Journal.'

Mr. and Mrs. Stratton (General Tom Thumb) "at Home."—Mr. and Mrs. C. S. Stratton have lately given a series of receptions at Cataldi's Hotel, Dover street, Piccadilly, and have been visited by a great number of the *beau monde*, including many members of our own Profession, to whom the General's invitations were liberally extended. Mr. Stratton, who is now twenty-seven years old, appears to be in excellent health and spirits, and received his visitors in a most polite and affable manner. Mrs. Stratton, who is twenty-three years of age, is of about the same height as her husband, and is very handsome and elegantly formed, while her manners are exceedingly polished. The baby which has lately been born to this interesting pair was an object of even greater attraction to the visitors than the parents. It is a female child, about a year old, weighing seven pounds and a half, and has very pleasing and regular features. The family group is completed by Mrs. Stratton's sister, who is said to be eighteen years of age, but is much smaller than her sister, though equally handsome and symmetrically made.

Devon and Exeter Hospital.—Mr. J. C. Bowring, of Larkbeare, Exeter, the eldest son of Sir John Bowring, has just handed over the munificent donation of 4,000*l.* to augment the funds of the above charity, and, in furtherance of the wishes of his deceased wife, directing that the income arising from this sum is to be expended in keeping up a ward for infants under seven years of age.

The Lavies Testimonial Dinner.—We would remind the Profession, and especially the members of the Medical Registration Association, that this dinner is advertised for this day, at Freemasons' Hall. We hear a large muster is expected.

Facilities for Poisoning.—The following sensible remarks appear in a weekly non-medical Journal:—"How very easy it is to procure laudanum," said the presiding magistrate at one of our police-courts, a few days since. The remark was elicited *apropos* of the conduct of an unhappy woman who was brought before the magistrate charged with having attempted to commit suicide. Labouring under some vexation of mind, she had gone successively to the shops of three different chemists, and purchased at each one pennyworth of laudanum. Having thus procured what she believed to be a destructive dose, she swallowed it. The poison did not take the deadly effect the woman probably expected, but her groans attracted a neighbouring room-keeper, to whom she confessed what she had done, and how she had obtained the laudanum. Her self-attempted death was averted, but whether owing to the weakness of the dose, or the inferior quality of the drug, or any peculiarity of constitution, we know not. With the benevolent, the first feeling awakened upon hearing this case will be satisfaction that a fellow-creature has been saved from the commission of a terrible crime; and the next sentiment, we are inclined to believe, will be that expressed by the magistrate, when he said, "How very easy it is to procure laudanum." And so it is; and it is very easy to procure other poisons likewise, and will continue to be so until the Legislature interferes, and places stringent restrictions on the sale of these life-destroying articles. Everything that facilitates the accomplishment of crime serves as a temptation to its commission. If, for a few pence, poison sufficient to destroy a human life can be bought, it is evident that the means of suicide are placed within the easy reach of persons who possibly would not have tried another mode, and that facilities are also offered to the most treacherous of murderers—the poisoner. It has been remarked that women who attempt self-destruction generally do so by poison, and this has been attributed to a latent timidity that makes them shrink from the shedding of blood. There may possibly be some truth in the theory. A woman who would not have the courage to raise a pistol or a knife against her own life swallows without hesitation, under violent excitement, a draught which, though fatal in its consequences, may not be more nauseous than ordinary medicine. But—and this is the point on which we wish to lay especial stress—if the obtaining these deadly draughts were made difficult, suicides by poison would become more rare. A weak-minded creature who in the first emotion of grief remembers that in the adjoining street she can procure, unquestioned, for threepence, the means of ending her earthly woes, will hardly hesitate to make the purchase. But if, in order to obtain the drug, she were obliged to go through certain forms, she would be forced to reflect, and the very effort of thought necessary to consider how these obstacles could be evaded might turn her mind into a new channel. Besides, there is the evident protection that would be afforded by compelling the vendors of poisons, under a penalty, to use proper precautions and make certain inquiries before selling poison, in no matter how small quantities or for whatever alleged purpose. Another weighty consideration, in regulating the sale of poisons, ought to be the tendency to weaken the estimate of the real enormity of crime that facilities to its perpetration are calculated to produce. If the purchase of poisons were fenced round with impediments; if, in two or three instances, severe punishment were imposed on chemists who sold even a pennyworth of laudanum, without using all the precautions which the law ought to prescribe, we feel convinced that many a reckless act of self-destruction would be prevented, and many a would-be poisoner defeated in his designs.

Early Maternity.—In his last report to the Registrar-General, the registrar for Park district, Sheffield, says:—"I registered the birth of a child in my district this quarter, the age of the mother being only thirteen years and ten

months. She was employed in a cotton mill in the neighbourhood of Manchester."

HOMŒOPATHS AND THEIR QUALIFICATIONS.—A correspondent of the 'Chemist and Druggist' makes the following curious remarks:—"I have carefully looked over the ample correspondence that has appeared relative to proposed legislation affecting the drug trade, but have not found one word said about the homœopathic chemists. Now, I really think that if we are to get a new Pharmacy Act, or an Act of Incorporation, they should come within the sphere of its operation, for I well know that some of them dispense poisons in ordinary doses. They may do it on the principle of *similia similibus curantur*. Yet no one wants to be killed by the incompetency of the chemist, even though he proposes to adopt that principle. I maintain, therefore, that a knowledge of drugs should be indispensable to the qualification of the homœopath. I find they use the alkaloids freely, especially some of the most powerful, such as aconitine, atropine, and veratria, and I see no reason why they should be exempted. I know some of them are members of the Pharmaceutical Society, and I think some are members of the United Society. There are some who I know are really chemists, but there are many who merely add homœopathic medicines to their stock of books and stationery, and gradually transform their shops into "homœopathic pharmacies." It is against this class that there should be some provision.

DEATHS.

BOWLER.—On the 16th inst., Dr. J. W. Bowler, Surgeon-Superintendent of Portsmouth Convict Prison, Deputy Inspector-General of Hospitals and Fleets, on the retired list.

FLETCHER.—On the 12th inst., J. Fletcher, M.R.C.S.E., of Oldham, aged 52.

JOHNSTON.—On the 8th inst., A. Johnston, L.F.P.&S. Glas., of Bucclengh House, Glasgow.

KANE.—On the 2nd inst., at Canterbury place, Lambeth, of pneumonia, Mr. John Kane, late Student of Charing-cross Hospital, aged 20.

MARSLAND.—On the 8th inst., R. Marsland, M.R.C.S.E., of Manchester, aged 38.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, Nov. 23.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, Nov. 24.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, Nov. 25.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, Nov. 26.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, Nov. 28.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, Nov. 29.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Photographs (coloured from Life) of the Diseases of the Skin. Class 4: Parasitic Animals; Scabies. By A. B. Squire, Esq., M.B. Lond. London: John Churchill and Sons, New Burlington street.

Handbook of Dental Anatomy and Surgery, for the Use of Students and Practitioners. By John Smith, M.D., F.R.C.S., &c. London: John Churchill and Sons.

The Canada Medical Journal, No. 5. November, 1864.

The Canada Lancet, No. 20. Oct. 15, 1864.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

DR. C.—The newspaper has been received.

OBSERVER.—We are not aware of the cause of the attacks made by the Journal in question, which seems rather fickle in its friendships.

WE have received a copy of the 'Cork Examiner,' giving an account of an inquest held on the body of a gentleman who died in a Turkish bath, but the evidence as to the causes of death was not very clear, and the jury brought in a verdict of "Death from natural causes."

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	a.	d.
Dr. J. Blomfield, Camberwell	0	5	0
E. T. A., Richmond, York	0	5	0
Medical Officers of Bideford, per J. L. Pridham, Esq.	1	10	0
Dr. Highmore, Sherborne	0	5	0
S. Chesterman, Esq., Banbury	0	10	6
E. Y. Steel, Esq., Abergavenny, per J. G. Morris, Esq.	0	10	6
Dr. Bull, Hereford, ditto	0	10	6
C. Lingen, Esq., ditto	0	10	6
G. B. Hanbury, Esq., ditto	0	10	6
J. C. Lane, Esq., ditto	0	10	6
R. Thomason, Esq., ditto	0	10	6
J. G. Morris, Esq., ditto	0	10	6
Amount previously announced	95	12	6
Received at the 'Lancet' Office	6	14	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
Nov. 16, 1864.

MICROSCOPIST.—The appearances presented by cancer under the microscope are not so well defined as is generally supposed, and it is rather by a combination of characters than by one essential feature that cancer-cells are distinguished from other growths.

A. B., *Glasgow*.—There is no royal road to the study of Botany, but a good manual and a lens and a few excursions into the country will give you an insight into the science.

MR. T. D.—The communication has been received.

JUVENIS.—An apprenticeship is not absolutely necessary; and if your hospital teachers are assiduous in their duties, you will require little other help than that which they afford you. You should, however, form some idea in your own mind as to the line of practice you afterwards intend to adopt.

Drug Trade.—An old and valuable WHOLESALE BUSINESS is for disposal in whole or part, and may be entered on at Christmas. Capital required from 3,000*l.* to 5,000*l.*—Address, Phœnix, Office of the 'Chemist and Druggist,' 24 Bow lane, London, E.C.

Partnership.—Wanted, in a WHOLESALE FIRM in the City, doing an old and profitable business, a Working Partner, with a capital of from 3,000*l.* to 5,000*l.*—Address, Alpha, Office of the 'Grocer,' Bow lane, London, E.C.

£5,000 to £10,000.—An old-established Wholesale Business in London to be disposed of on advantageous terms. Requires a Capital of 5,000*l.*, but a larger sum may be well employed. Profits give a very handsome return for capital invested.—Apply to W. J. W., Office of 'Chemist and Druggist,' 24, Bow lane, London, E.C.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

By J. Lumley Earle, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 324.)

The Causes, Diagnosis, and Treatment.

Rupture of the Os Uteri.—Rupture of a Thrombus of the Cervix.—Although a slight rupture of the os uteri during delivery is not at all uncommon, flooding to any extent rarely follows the injury. The most extensive laceration of the os I have yet seen occurred in a lady, a relative of one of the surgeons of this town, in her first confinement. The tear was about two inches in length, but no flooding or any other bad result followed. When the loss is excessive in such cases, it generally takes place as a long-continued draining, lasting, if left without treatment, more or less to the end of the puerperal month.

Thrombus of the cervix consists of an extravasation of blood into the lower part of the cervix. It most frequently forms in the anterior lip, in consequence of the circulation of the blood at that part being liable to be obstructed by the pressure of the head upon the symphysis. A thrombus of the cervix is fortunately not of common occurrence, for the bursting of it may be followed by profuse, and even fatal flooding. We may meet pretty frequently with that condition of the anterior lip, which generally precedes the formation of a thrombus. It is swollen, tense, and jammed between the head and symphysis, while the posterior lip is often fully dilated. In the majority of instances, it does not interfere with the safety of the mother, except by considerably hindering the progress of the labour. In rare cases, the pressure on the obstructed blood-vessels is such, that one or more of them burst, and their contents extravasate into the structure of the cervix. The pressure being continued, the thrombus at length ruptures, and the blood escapes externally; or it may burst by softening and ulceration of the thin tissue overlying the effused blood.

Diagnosis.—We shall be greatly assisted in the diagnosis if, previous to delivery, we had noticed that a rupture of the os, or of a thrombus of the cervix, had taken place. These accidents occur for the most part in cases in which the membranes have ruptured before the os has been fully dilated. Sometimes, during a strong contraction, we may feel the os give way at a certain point, and, on withdrawing the finger, there will be more or less blood upon it. We may also know that a thrombus of the cervix has burst, by the sudden disappearance of the swollen anterior lip, followed by a free escape of blood. If the case should not have been seen until after delivery, the obstinacy of the hæmorrhage, together with a firmly contracted state of the uterus, would lead us to make a careful vaginal examination, and then, unless the lesion of the os were slight, the cause of the flooding would be detected.

Treatment.—The injection of a stream of iced water, kept up continuously against the os for some time, should be first tried. If that did not succeed, a saturated solution of perchloride of iron should be injected against the bleeding surface, and, if that also failed, plugging the vagina must be had recourse to. When the hæmorrhage does not begin until three or four days after delivery, the plug may be applied from the very commencement.

Illustrative Cases.

The two following interesting instances of hæmorrhage from a ruptured thrombus of the cervix are quoted from Dr. M'Clintock's 'Memoirs on Diseases of Women.'

Case I.—It occurred in the practice of Dr. George Johnston. The patient, a strong, healthy woman, was delivered of her seventh child, after being in labour a few hours. The infant, a female, presented with the breech, and from its appearance had evidently been dead some time. The placenta came away in ten minutes, and the patient went on for the first three days without flooding, or any other bad symptom. "On the fourth day, at half-past one o'clock," writes Dr. Johnston, "the nurse called me in a great hurry, stating that the patient had been suddenly attacked with violent hæmorrhage. On inquiry, I found that she had not been out of bed, nor had she been using any exertion. On reaching the bedside (which was in less than a minute after hearing the report, and certainly not more than three from the first gush of blood), I found her lying on her back, countenance perfectly blanched and expressive of great anxiety, which, with the neck, hands, and arms, was bathed in cold, clammy perspiration. No pulse could be felt at the wrist, and the bed was inundated with blood, which was still flowing from the vagina. Prompt and judicious means were used to control the hæmorrhage and recruit her strength. For a time it seemed as though these measures would be successful. The pulse returned to the wrist, and the discharge of blood from the vagina greatly diminished. This improvement was but of short duration, however; the flooding recurred, she again became pulseless, fainted, and rapidly sank, just one hour and a half after the first attack of hæmorrhage. At the necropsy, the uterus was found well contracted down in the pelvis. On the left side of the cervix, about one inch from the os uteri, was observed a ragged, sloughy-looking opening, the edges of which were very irregular, and of a black ash-grey colour. This opening, which was large enough to admit two fingers easily, communicated with a cavity the size of a small orange; it seemed to be formed in the substance of the cervix. On laying open this cavity, and washing away some loose clots (but carefully observing that there was no laminated coagula), the lining membrane was found rugous, of a firm consistence, and resembling very much the mucous membrane of the vagina. Opening into this sac were seen the mouths of five or six blood-vessels, large enough to admit a small bougie."

Case II.—Dr. Montgomery, who gives the history of the case, says, "A lady affected with varicose veins, which extended all up the lower extremity, and could be traced into the vagina, was delivered, after a natural and favourable labour, at midnight; but shortly afterwards a fearful rush of blood took place, very unexpectedly, for the *uterus was well and firmly contracted.* So great was the hæmorrhage that complete prostration was immediately produced, and, when I saw her, she was cold and pulseless, nor had she any return of pulsation in the radial artery for six hours and a half from the time of the sudden hæmorrhage, and during a part of that time the action of the heart could neither be felt nor heard. All this time, the uterus remained perfectly contracted; but in the situation of the anterior lip its substance felt as if broken up into a soft pulp, the consequence, as I believe, of the formation and rupture of a bloody tumour. To our great joy, she ultimetely rallied under the treatment adopted, and completely recovered.

Sloughing of the Vagina.—The sloughing may lay open a vaginal artery and set up dangerous flooding. Hæmorrhage from such a cause would not come on until several days after delivery, and it is one of extreme rarity.

Diagnosis.—The history of the case—the flooding not commencing until several days after labour, with the uterus perfectly contracted, and in a patient suffering from sloughing of the vagina—would probably suffice to point out the source of the hæmorrhage.

Treatment.—Cold or iced water, or *water saturated with alum*, should be injected freely into the vagina for some considerable time. If the hæmorrhage should keep up to a dangerous extent after a fair trial has been given to styptic injections, the plug will have to be used. In a case of this kind we should only use the plug as a *dernier resort*; for if the sloughing were extensive, the procedure would be, to say the least of it, attended with great pain. An uninflated india-rubber bag passed gently into the vagina until it lay

over the bleeding surface, and then slowly inflated, would probably cause less suffering, and could be kept in for a longer period with safety than any other form of plug.

Illustrative Case.—The following example of hæmorrhage resulting from sloughing of the vagina is quoted from Dr. M'Clintock's work :—"A woman, æt. thirty, was confined of her first child, after a protracted labour, characterised by great atony of the uterus. Three doses of ergot of rye were given in the second stage, and, under their influence, the child was expelled ; and, most probably, hæmorrhage prevented. She was an unhealthy, broken-down-looking woman, and deep sloughing of the genital passages set in soon after delivery. Notwithstanding this, however, she seemed progressing favourably. Towards the end of the third week, when the sloughs were still coming away, and the patient of course very weak, hæmorrhage from the vagina suddenly came on. Every mode of treatment, the plug alone excepted, was tried, but without effect ; the bleeding persisted, and within a brief period the woman sank. The blood was remarked to have an unusually florid colour." At the *post-mortem* examination, "the womb was found well contracted, of the natural size at this period, and without any trace of blood in the interior. A large coagulum was found in the vagina. The sloughing process had extended quite through the walls of this canal at the left side, corresponding in situation to the descending ramus of the pubis ; and it was supposed that the coats of the pubic artery or of some branch directly passing from it had been destroyed, whereby the hæmorrhage was produced."

Rupture of the Perinæum.—Severe hæmorrhage from this common accident is extremely rare. I am sorry to have to confess that, in the early part of my midwifery experience, I met frequently with cases of ruptured perinæum, but I never saw an instance of undue loss of blood from it. It is well to know, however, that it may occur. In looking, some time ago, over some old 'Lancets,' I came across one example of it. As I did not note down the date of the volume in which it was recorded, I regret that I am not able to refer to the history of the case at the present moment.

Diagnosis.—It would not be difficult, in all probability. The fact of the perinæum being ruptured, which lesion ought never to take place to any extent without the attendant being aware of it, and the loss occurring with a firmly contracted uterus, would necessitate a more minute examination, both with the finger and the eye ; and on separating the torn edges, the blood would be seen oozing generally from the surface or in a single arterial jet. If there should be any doubt as to whether the blood really came from the torn surfaces of the perinæum, or merely passed through them from above, a piece of sponge passed into the vagina above the rupture will obstruct the flow of blood from the uterus for a time, and enable us to see exactly the amount of loss from the perinæum.

Treatment.—The local application of cold would most likely soon stop the hæmorrhage, but if it did not, I should say the best thing to do would be to bring the torn edges together by three horse-hair sutures.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

We have recently seen Mr. Fergusson operate in the following instances :—

Case I.—*Removal of Fatty Tumour.*—The patient was a woman of about the middle age, of good health and condition, but in an extremely nervous and distressed state, owing to the presence of the abnormal masses which existed : one, the larger, at that part of the arm corresponding to the insertion of the deltoid muscle ; the other, smaller in size, was placed upon the forearm, and from the patient's idiosyncrasy occasioned great uneasiness of mind.

They were removed by making an incision through the integuments and the capsules, and by then compressing the integuments between the thumb and fingers, so as to force them out of the capsules, and consequently out of their beds.

The wound in the upper arm was brought together by means of the thread sutures ; dry lint, strips of adhesive plaster, and the turns of a roller-bandage completing the dressing. In the union of the smaller, no sutures were used ; it was treated as an ordinary cut, and drawn together by strips of adhesive plaster, lint and a bandage being placed over it. Chloroform was administered.

Case II.—*Epulis.*—This patient also was a female, but was much younger than the last. The tumour was excised by a circular incision made around its base, and without the removal of any of the teeth.

Mr. Fergusson lays great stress upon this latter point—namely, that the teeth must not be drawn if it can at all be helped—since such a step is a complication of an operation otherwise simple in the extreme, and likewise a measure not by any means calculated to improve either the appearance of the patient so treated, his powers of speech, or his capacity of mastication.

The growth was situated between the front and lateral incisor teeth, and from this place it projected forwards ; its removal was effected at a period in its growth too early to permit of any of the bulk being loosened, or of its size attaining any considerable dimensions.

Such tumours as these, Mr. Fergusson laid down in his observations, should be taken away early, lest any degenerative action might be induced, and so a simple would be converted into a malignant excrescence. No chloroform was administered.

Case III.—*Salivary Fistula.*—This occurred in a young girl. Some time since the patient had suffered from a severe attack of scarlatina ; after it had passed away the cheek became affected with morbid action and a slough supervened ; the dead tissues subsequently were separated from the living, and, after the separation, a salivary fistula resulted, through which the saliva constantly trickled, and prevented altogether the closure of the unnatural opening. The operation now performed consisted in the removal of the circle of tissue immediately surrounding the fistula, and in the union of the resulting wound by means of the hare-lip pin and the twisted suture.

Case IV.—*Hare-lip.*—The patient was a boy who had a cleft in the left side of the upper lip, a corresponding defect in the hard palate, and a similar deficiency in the soft, even as far back as the uvula, that portion of the velum being itself likewise involved.

In this instance, before any other step of the operation was adopted, it was necessary to draw the incisor tooth, which, rendered prominent by the deformity, had considerably increased the unsightliness. Mr. Fergusson remarked that the tooth was a very good one, and that such was not usually the case in instances like the present. It was, however, notwithstanding its perfection of formation, altogether useless, inasmuch as it was placed almost horizontally as regarded the gum. From the appearances presented by the gap, it seemed not improbable that an attempt at cure by operation had been previously made. The necessity for the operation now executed showed that the attempt had proved a failure. After the tooth had been extracted, the other steps of the operation were the same as we have before described in the pages of our Journal.

(Under the care of Mr. Henry Smith.)

Case of Conical Stump.—J. C., æt. seven years, a native of Philadelphia ; has always been a healthy child.

About three years ago, while in Philadelphia, a butcher's block fell on his right arm, crushing the lower part of the humerus. He was taken to hospital, and the arm was at once amputated by Mr. Gross at about its upper third. He made a quick recovery. About seven months ago he came to England ; and since his arrival the end of the stump has been in an ulcerating condition. Three weeks ago the end of the bone protruded, and on May 4th he was brought to see Mr. Smith. May 12th he was admitted into the Albert Ward under the care of Mr. Smith.

May 14.—Operation : Having been moved to the operating theatre, and placed under the influence of chloroform,

Mr. Smith dissected the integument from around the end of the stump, and with the cutting forceps removed about an inch of bone. The wound was dressed with wetted lint, having been first brought together and closed with strapping and sutures.

May 16.—The wound is discharging freely, and the patient is in a comfortable condition.

May 17.—The sutures were taken out to-day. The wound looks healthy, and is rapidly healing.

May 19.—He is allowed to get up to-day.

May 24.—Discharged relieved, and advised to continue attendance as an out-patient.

Case of Varicose Veins.—C. S., æt. twenty-eight, was on May 14 admitted under care of Mr. Smith, complaining of the above-named affection.

History:—She has always been a nursery-maid since she was the age of eleven, and lately was with a family in whose service she had a great deal of heavy work in carrying children, and walking about with them constantly. When seventeen years of age she had an attack of inflammation of the lungs, and was ill for twelve months. At the expiration of that time she found that her right leg was very weak, that the knee was bent and contracted, and that the leg used to swell very much. The contraction lasted for about three weeks. A year subsequent to this date she observed that the veins of the right leg appeared prominent. An ulcer formed over the right malleolus, caused by the pressure and rubbing of her boot. This healed; but about a week ago it again broke out, and she applied to Mr. Smith, under whose care she was admitted.

May 14.—Operation: Being removed to the operating theatre, Mr. Smith, by means of needles, took up the saphena vein in six places below the knee.

May 20.—The needles were taken out to-day; and the ulcer is improving.

May 24.—She is to-day discharged, cured.

PARISIAN MEDICAL NEWS.

Treatment of Post-partum Hæmorrhage.

The 'Gazette Médicale de l'Algérie' relates an interesting case in which pressure over the uterus was resorted to with perfect success, for the purpose of arresting post-partum hæmorrhage, by Mdlle. Puéjac, Professor of Obstetrics at Algiers.

This experienced midwife was summoned in March last to the assistance of M. D., a lady aged thirty-two, who was on the point of giving birth to her third child. Labour progressed naturally, the uterus contracted, and delivery was effected without difficulty. Mdlle. Puéjac, after having placed a band around the abdomen, attended to the child. In the course of a few minutes, she addressed a remark to M. D., and receiving no reply, approached her bed, and found her deadly pale, with an almost imperceptible pulse. The remainder of the case we relate in the authoress's own words:—

"On examination," says Mademoiselle Puéjac, "I found but a very small amount of flooding; I could feel the womb through the abdominal walls, and found it soft and slightly distended; a few coagula were removed from the vagina, and consciousness was restored by vinegar-and-water lotions over the forehead and hypogastric region, and by the admission of a strong draught of fresh air through the open doors and windows. Uterine action set in, the discharge decreased, the pulse returned, and the symptoms of syncope were entirely dispelled.

"As a measure of precaution, I sent for some ergot and lemons, but neither could be obtained from the only apothecary residing in the village.

"After an interval of half an hour, the same symptoms recurred, but with much greater severity. The countenance was livid, the respiration short, feeble, and interrupted, and the pulse was utterly imperceptible. I resorted to the same measures, but without avail, and as the weakness was rapidly increasing, it occurred to me to attempt, as a last resource, compression of the aorta. The uterus was all but inert, and contracted feebly, when the hand was introduced into its cavity. I took advantage of one of the contractions to seek for the aorta, but the abdominal walls being so depressible as to permit me to grasp almost the whole of the uterine structure, I gave up my original intention, and merely exercised powerful pressure on the womb. After a quarter of an hour of uninterrupted and fatiguing efforts, I was replaced in this office by M. D.'s husband, and after thirty-five or forty minutes' pressure of the uterus, the patient recovered her consciousness; a few spoonfuls of wine-and-water had meanwhile been exhibited.

"In the course of a week M. D. was convalescent, and returned to her usual avocations."

Mdlle. Puéjac remarks that the abdominal walls will not always be so depressible as in the present instance, but that in women who have borne several children, and whose abdomen has been much distended during gestation, it will always be practicable to resort to a method which in M. D.'s case proved so rapidly successful.

Perforating Ulcer of the Sole of the Foot.

In the last edition of his father's work on Surgery (1847), M. Ph. Boyer described this disease with much care, but did not assign any name to the affection. In 1852, M. Nélaton depicted it under the denomination of "a singular disease of the bones of the foot," and a month later M. Vésignié, of Abbeville, recorded several remarkable cases of "corroding ulcer of the sole of the foot." MM. Leplat, Gorju, Dieulafoy, Morel-Lavallée, Péau, Follin, and others, subsequently invited attention to the same subject, but differed in opinion as to the nature of the ulcer. Some pathologists conceived it to consist in an inflammatory condition of the bursæ mucosæ, others in a form of psoriasis: the latter viewed it as a special disease possessed of pathognomonic characters, and running through a definite course; the former as a local injury consequent on pressure, in subjects of debilitated constitution. These different opinions, together with the arguments adduced by each author, are summarised in a recent monograph by Dr. A. Delsol, formerly an interne of the hospitals of Paris.

The author agrees with MM. Vésignié, Leplat, Nélaton, and Follin, that the perforating ulcer consists in an ancient callosity, at the centre of which is situated a hollow ulcer, with a thick, hard, cleanly-cut margin, reposing on the derm, or penetrating into the subcutaneous cellular layer as far as the bones or joints. M. Delsol opines with M. Péan that the disease is closely connected with calcareous degeneration and obstruction of the arteries, and is of the same nature as senile gangrene. The derm of the sole of the foot imperfectly nourished is liable to suffer severely from a corn or callosity, which, under other circumstances, would scarcely have caused inconvenience. Ulceration follows, and subsequently perforation, materials of repair are not supplied, and the ulcer gradually becomes deeper. The result is a kind of molecular gangrene, kept up by bad management, and by the epidermic secretion which prevents the parts from healing. It is almost impossible to effect a cure of the ulcer without previously destroying the callosity.

The abrasion of this induration is, in the author's opinion, injudicious, because after such removal it grows, like the hoof of solipeds, with increased energy. Not only must the callosity be removed, but also a portion of the derm, a painful operation which it is needless to resort to. Absolute rest of the foot relieves the part from the pressure of the shoe; extreme attention to cleanliness is also indispensable, and the common linseed poultice is the best of all local appliances. The epidermis swells, and, in the course of a few days, can be widely detached. The skin then acquires a roseate hue, and the surface of the ulcer a more healthy character. The cicatrisation of the sore may further be promoted by stimulant applications, especially by tincture of iodine diluted with water, which M. Morel-Lavallée strongly recommends in the shape of lotions or injections. M. Delsol adduces several cases in illustration of the effi-

cacy of this agent, even when the bones are affected. The only internal remedies likely to prove serviceable are those calculated to invigorate the system; and we may perhaps thus account for the beneficial effects of Fowler's solution, a powerful stimulant of the digestive organs, which M. Vésignié has prescribed with advantage.

Such are the general principles on which should repose the treatment of perforating ulcer of the foot. Although a cure may be effected in a certain number of cases, it is difficult to prevent a return of the disease; and of this fact both the surgeon and the patient should be aware. Under the influence of the same local causes, and of habitual intemperance, the persons who have once been thus affected, and who generally belong to the working-class, soon experience a relapse; but this may be in most instances obviated by attention to cleanliness, frequent foot-baths, and especially by the use of well-made shoes.—'Journal of Practical Medicine and Surgery.'

LEGAL INTELLIGENCE.

OLD COURT.

(Before Mr. Baron BRAMWELL.)

CONVICTION OF THE PSEUDO "DR. HENERY."

John Osterfield Ray, or Wray, and William Anderson, respectably-dressed men, were arraigned on an indictment charging them with having feloniously sent a letter to Montague Augustus Clarke, demanding 150*l.* from him, with menaces.

Mr. Metcalfe and Mr. Hume Williams were counsel for the prosecution; Mr. Serjeant Ballantine, Mr. Ribton, and Mr. F. H. Lewis defended the prisoner Ray; and Mr. Kemp defended Anderson.

The prosecutor and the principal witness was Montague Augustus Clark. He said, in reply to Mr. Metcalfe: I am a captain in the 50th Regiment, the dépôt of which is quartered at Parkhurst, the regiment itself being now on service in New Zealand. In consequence of seeing some advertisements, I came from Parkhurst to London to consult Dr. Henery, in Dorset street. I went there and saw the prisoner Ray, who said he was Dr. Henery. That was about the 17th of August last year. I consulted him about a disease from which I was suffering, and he gave me a little advice. It was very little indeed. He said he would forward me some medicine. I asked what his charge was, and he replied "1*l.* 1s. for advice, and 10*l.* 10s. for the medicine." I requested him to send the medicine to the hotel at which I was staying. He said it would be much better to forward it to my permanent residence, upon which I gave him my address. The medicine was afterwards sent there, and I paid 11*l.* 10s. for it. I took the medicine and sent for more six or seven times, sending up a check in payment for it each time. I paid 84*l.* or 86*l.* altogether, including 20*l.* on one occasion. The checks produced are those I gave. They are all drawn in favour of A. F. Henery, except one, which was made payable to bearer, and I received a written acknowledgment for them signed with that name. I eventually consulted another Medical man, and ceased to give further orders to Dr. Henery. That was about January or February. In July last the letter produced was put into my hand. [It was read as follows by the Clerk of Arraigns]:—

"Medical Institution, 53 Dorset street, Portman square, London, July, 1864.

"No. 3 Private Room, Bugle Hotel, Newport.

"SIR,—Experience has proved that in cases similar to what you are suffering from a personal interview invariably leads to the advantage of a patient, and therefore have requested the bearer, a gentleman of great experience and skill, to see you, as he happens to be in your neighbourhood on a professional visit.

"Yours truly,

"A. F. HENERY, M.D.

"W. ANDERSON.

"Captain Clarke, Parkhurst."

I did not reply to that letter. About two months after that the prisoner Anderson called on me at the barracks and said he came from Dr. Henery. I told him I did not wish to have anything further to do with Dr. Henery. He said I would be aware that Dr. Henery had a very heavy claim against me. I replied that I was not. He said Dr. Henry had sent him down about a claim of 150*l.* he had against me. I remarked that it was impossible he could have such a claim. He said he had come down in a great hurry in consequence of instructions given him by Dr. Henery on the previous evening, and of my not having answered any of the many letters the doctor had written me. I replied I had not received any letters from him. After some further conversation he asked me to give him a check for 150*l.* I declined to do that, upon which he reduced his demand to 100 guineas, saying that I had better settle the matter. I declined that also, adding that I did not even know who he was. He said it did not matter who he was, and he declined to give me his name. Just before he left he said he had come down in a great hurry, and he asked me for a sovereign to pay his expenses. I said Dr. Henery had sent him down, and he was the man to pay his expenses. He led me to believe that he could not get out of the island if I did not give him a sovereign. I said if I gave him a sovereign I should demand a receipt for it. He consented to that, and he wrote a receipt in my presence, which he signed "H. Wilson." He then left. A few days afterwards—namely, on the 19th of September—I wrote a letter to Dr. Henery stating that a gentleman, describing himself as his agent, had made a claim on me for 150*l.*; that I was quite unaware of owing him such a sum, and that I should be obliged by his sending me the particulars, in order that I might send them to my legal adviser, addressing me to the care of Messrs. Cox. I received a letter from him in answer. [It was read as follows]:—

"Medical Institution, 52 Dorset street, Portman square, Sept. 26.

"SIR,—I regret exceedingly to have to inform you that your letter did not reach me until Saturday night; otherwise it would have received my immediate attention. Nevertheless, I have to remind you that you promised the gentlemen who waited upon you at Parkhurst that you would call at Dorset street; therefore I do not understand your giving us so much trouble in the matter. I have to inform you that my claim for 150*l.* is for medical advice and medicine for spermatorrhœa, brought on by self-pollution. If you will satisfy my claim without further trouble I will give you a receipt in full of all demands, or sign any paper that you may choose to draw up, so that you shall not be troubled again by

"Your obedient servant

"A. F. HENERY.

"P.S. I called at Cox and Co.'s this morning and found you were there on Saturday, so therefore I hope this will reach you there."

I also handed that to my legal adviser. On the 5th of October I received another letter, signed "H. Wilson," and which, I think, is in the handwriting of the prisoner Anderson:—

"Warburton's Hotel, Newport, Oct. 5, 1864; Private Sitting room No. 4.

"SIR,—I am here expressly from London to see you with a view to effect a settlement, if possible, of Dr. Henery's claim; and anticipating your refusal to see me at your quarters is the reason I have penned this, and would recommend you to do so at once, for, rely upon it, I don't intend journeying here again for nothing. Your letter from your solicitor has been received, and I have that and some from yourself with me. Now, supposing I were to inform you application will be made at the War-Office, with explanation of your case; and if we were to do so you know what the consequence would be; or supposing I were to inform you I expect to be in your neighbourhood in Scotland next week, and that I don't intend leaving here in the event of your still persisting in your refusal to pay without making it known in the neighbourhood for what purpose I am here. I am in no hurry, and will allow you

time to reflect whether it will be better to pay Dr. Henery's legal and just claim or submit to exposure of your filthy case. I would inform you I have waited upon one of the head solicitors in Plymouth since I saw you in reference to a claim we had upon his son, and on our explaining what we would do in the event of his not paying us he soon saw the force of what we stated and paid us at once. Now, the reason I did not tell you what we intended doing in the event of your not paying when I was here before, was because you promised to call in Dorset street, and relying upon your word as a gentleman was the only reason I did not do so. "Yours obediently, "H. WILSON.

"P.S.—It is useless for you to pretend you are not in quarters, for I know you to be there (and was there last night when I called) before I left London."

In that letter there is an allusion to Scotland. My father resides there, and some other of my friends. I had written from Scotland to Dr. Henery once while I was receiving medicine from him, so that he knew my address there. I placed that letter in the hands of my legal adviser.

By Mr. Ribton, in cross-examination: When I consulted him I was suffering from a malady, and I described my symptoms to him. The interview lasted about five minutes. The box he first sent me contained twelve bottles of medicine. I did not take it all. He gave me certain written directions as to regimen, exercise, bathing, and the like, but only such as I had followed all my life. I acknowledged to Anderson owing Dr. Henery 10*l.* 10s. for a box of medicine, which I said I was prepared to pay, but I would not pay him any more. I believed I was suffering then from the disease called spermatorrhœa.

Re-examined by Mr. Metcalfe: I was in the Crimea, and was badly wounded in the head. I should think my constitution was injured there.

Alexander Thompson, clerk in the London and Westminster Bank, deposed that the prisoner Wray kept an account at the bank, and that the endorsement on the cheques of Captain Clarke was in the handwriting of Wray.

Mr. Edward Charles Ryley, residing at Leatherhead, deposed that on the 17th of October he was in the office of Mr. Fry, of No. 6 Danes inn, Strand, solicitor; that the prisoner Anderson came into the office, and Mr. Fry asked him what he came there for, and he said he called in the matter of Captain Clarke to know why Dr. Henery's claim had not been paid. Mr. Fry said, "I am surprised you should make such a claim after sending a threatening letter," upon which the prisoner Anderson said, "Oh, I wrote that letter and signed it in the name of Wilson, because I thought if I had signed it in my own name Captain Clarke would have denied himself and not have seen me." Upon that Mr. Fry said, "The claim will not be paid, and I may as well tell you further proceedings will be taken." Anderson said, "Very well," or something to that effect, and then left.

Sergeant White, of the N division, deposed that on the 22nd of October the case against the defendant Anderson was heard at the Marlborough street Police-court. Anderson appeared, but Henery did not. A warrant was issued for his apprehension, and witness went to his house in Dorset street, Portman square, and found him in bed. He said he was too ill to get up. Witness replied, "Nonsense; I saw you out yesterday, and you must go." He answered, "My name is not Henery; if the summons had been made out in the name of Wray I should have appeared." Witness pulled off the bed-clothes, and found him partly dressed. While finishing his dress he said, "Why does he not pay the money? He knows he owes it, and I have his handwriting to prove it;" and the prisoner went to his coat-pocket and pulled out a bundle of papers in an envelope, on which was endorsed "Captain Clarke's letters." He laid the letters on the table and said, "I have a complete answer to the charge." Witness took up some of the papers, when the prisoner Wray (or Henery) desired him to put them down and not to interfere with his private papers. Wray was then taken into custody, Captain Clarke being present, and while walking to the police-station Wray took a letter from the bundle, and, turning to Captain Clarke, said, "You are Captain Clarke, I believe." Captain Clarke made no reply. He then said, "If you choose to go on with this matter you will be very sorry for it, for I have a letter here to prove that you acknowledged the debt, and you must put up with the exposure, for I have a complete answer to your charge." He afterwards said he would not forego his claim whatever course Captain Clarke might take. Witness then said he knew the handwriting of Wray or Henery, and he believed that the document he then held in his hand was written by Wray.

Mr. Metcalfe proposed that the document should be read.

Mr. Ribton objected, but, after a long argument, the paper was put in.

Sergeant White explained that he had received it that morning from the clerk of Mr. Herring, who was formerly Wray's solicitor at the police-court. (Mr. Herring afterwards explained that the paper in question had been given up by his clerk in opposition to his express instructions to the contrary.) The paper was then read. It purported to be a draft copy of the letters of the 19th of September, 1864, of the 26th of September, 1864, and of October, 5, 1864.

This was the case for the prosecution.

Mr. Baron Bramwell said the first count was for publishing a malicious libel against the prosecutor, contained in the letter of the 26th of September, 1864, and asked Mr. Metcalfe to point out in what portion of that letter the libel consisted.

Mr. Metcalfe submitted that that part of it which imputed spermatorrhœa as having been brought on by base habits was a gross libel on the character of the prosecutor.

After some discussion,

Mr. Baron Bramwell held that there was no evidence to sustain the first count.

Mr. Ribton then addressed himself to the second count, which charged the prisoners with threatening to publish a libel upon the prosecutor with the intent of extorting money from him. This charge, he observed, was founded upon the letter of the 5th of October, 1864, which was written at Warburton's Hotel, Newport, in the Isle of Wight, by Anderson, who on that occasion used the name of Wilson. He contended that the Court had no jurisdiction, the letter having been written in Hampshire. The venue, therefore, ought to have been laid in that county. He then submitted that there was no evidence to connect Wray with the writing of that letter. It might be true that Wray sent Anderson to collect the money for him, but certainly Wray was not responsible for everything that was done by Anderson, unless the principal was supposed to be responsible for all the acts of his agent.

Mr. Baron Bramwell, having conferred with Mr. Justice Byles on the question of venue, said that it was unnecessary for him to express an opinion as to whether or not the offence alleged was a menace within the statute, because he was of opinion that the prisoners had committed no offence within the jurisdiction of that Court, the offence, if any, being the sending and uttering in the county of Hampshire.

The jury then, under the direction of the learned Judge, returned a verdict of "Not guilty."

The prisoners were then arraigned on a charge of conspiracy by divers false pretences and subtle means and devices to obtain large sums of money from the prosecutor, and also of threatening to publish a libel concerning him with a view to extort money.

Mr. Metcalfe explained that it was not his intention to adduce evidence in support of the charge of libel, but that he would confine himself to that of conspiracy.

It was arranged that, instead of re-examining the witnesses, the Judge's notes of the evidence taken in the former case should be read over to the witnesses, and that was done accordingly.

Mr. Ribton then addressed the jury on behalf of the prisoner Wray. He submitted that there was not a tittle of evidence to show that Wray was responsible for anything that had been done by Anderson in the country. He admitted that the letter written by Anderson from Warburton's Hotel was a threatening letter, and that its purpose

was to get money from Captain Clarke by menace, but he utterly denied that there was any evidence that Wray was cognisant of that letter being about to be written, or that he ever gave any instructions to Anderson to write it. They could not, on principle or in law, hold the principal responsible for all the acts of his agents, but only for those acts which he had directed to be done. No doubt Captain Clarke at that time was labouring under some disease. If he were not, then, indeed, there would be a false pretence; but he could not understand how a false pretence could be alleged when the origin of the demand was admitted by the prosecutor himself to be true. It was well known that certain members of the Medical Profession devoted themselves to a particular description of disease, and that they advertised in the papers, and he was not aware that there was any disgrace in their doing so. Captain Clarke, seeing Wray's or Henery's advertisement, went to him and received medicine and advice. It was idle, therefore, to say that there was any false pretence. It had not been shown what were the ingredients of which the medicine was composed. In all probability it was a strong tonic, and intended to do Captain Clarke good, and charging for it more than he ought was not an offence on the part of Wray. Nay, it had been mentioned that within the last three years a member of his own profession refused to come into that court unless they gave him 1,000 guineas (a laugh), and he understood that the gentleman who did come on that occasion received a very large sum. Then in what way could Wray be affected by the letters which had been read? The letter of the 26th September, 1864, had formed the ground of the charge for libel; but that had been abandoned, and now it was brought forward to prove a case of conspiracy: but all that that letter did was to say, "You owe 150*l*., and I request you to pay me." The jury could not shut their eyes to the fact that this was an attempt to convict these men merely by sheer force of prejudice. The jury were asked to say that Wray was a bad fellow, and was trading with inexperienced people, and inducing them to pay him large sums of money. With regard to the charge of threatening to publish a libel, the only letter which could be said to contain any such threat was that which formed the subject of the first indictment, and which had gone off upon the point of venue. Justice, however, would not be defeated by that decision, because the parties were still liable to be tried in Hampshire.

Mr. Kemp then addressed the jury on behalf of Anderson, and submitted that there were many circumstances to rebut the idea of a conspiracy. The only way in which he appeared in these proceedings was as a person who was sent down to Captain Clarke's quarters to obtain money, and if in writing a letter to that gentleman he couched it in terms that amounted to a threat to extort money, it must be held to be his own individual act, and could not therefore be made the ground of a charge of conspiracy.

Mr. Baron Bramwell summed up the evidence, and called the attention of the jury to the letter written by Anderson to Captain Clarke on the 5th of October from Warburton's Hotel, Newport, and which he described to be clearly an attempt to extort money by threats of exposure. Now, the question was in what way did the prosecution connect the other prisoner Wray or Henery with this threat made by Anderson, so as to constitute the offence of conspiracy? There was the letter of the 26th of September from Henery to Captain Clarke, in which he referred to Anderson's having called upon the prosecutor and demanded 150*l*. as being due to him (Henery), and then in the same letter he informed the prosecutor that his claim on him was for 150*l*. Then came the letter of the 30th of September, addressed to Henery by the solictor of Captain Clarke, and the receipt of which was acknowledged—not by Henery, but by Anderson, in his letter of the 5th of October, thus showing that there must have been some communication between the two on the subject of the demand made upon Captain Clarke. If the jury were satisfied that there was an intent to extort money by means of threats, and that that intent existed not only in the mind of one of the prisoners, but in the minds of both, and that they were engaged and leagued together in that common intent, that would amount to a conspiracy, and the prosecutor had made out his case. If they were not so satisfied they would acquit them; but it would certainly be a very singular thing if two people could be found acting in the way in which the prisoners had been acting without some common purpose.

The jury, after a few minutes' deliberation, returned a verdict of "Guilty" as against both prisoners.

Mr. Baron Bramwell, in passing sentence, said the offence of which they had been convicted was one of the most abominable that could be conceived, because in a case of this description it was not one robbery that was practised upon the individual who was the subject of it, but that was followed up by a succession of demands until his life was made positively hateful to him. The offence of which they had been found guilty being one of misdemeanour he could not sentence them to more than two years' imprisonment, and he sentenced each of them to be imprisoned for that term accordingly, with hard labour.

COURT OF CHANCERY, LINCOLN'S INN, NOV. 23.

(Before the LORD CHANCELLOR.)

THE MAYOR, ETC., OF LONDON, GOVERNORS OF ST. THOMAS'S HOSPITAL *v.* THE MAYOR, ETC., OF LONDON AND OTHERS.

This appeal from a decision of Vice-Chancellor Wood was argued a fortnight back, and fully reported at the time. It will be recollected that the question for decision was whether the right to select a site for the new Hospital of St. Thomas lay with the corporation, who had been created by charter Governors of St. Thomas's Hospital, or the donation governors—a body to whom the corporation governors by agreement and Act of Parliament in 1782 ceded all their rights for the purpose of administering the affairs of the hospital. The Lord Chancellor held, affirming the decision of the Vice-Chancellor, that the right was vested in the donation governors; but as by the technical form in which the appeal came before this Court an appeal could not be carried to the House of Lords, his Lordship directed the matter to stand over, with the view of giving the parties an opportunity of coming to some arrangement by which such an order might be made as could, if necessary, be the subject of an appeal.

Sir H. CAIRNS, on behalf of the corporation governors, now said that that body, conceiving the question of a site for the new hospital was one of great importance, had thought it their duty to intervene when the case was before the Vice-Chancellor, for the purpose of obtaining a judicial decision on the Acts of Parliament which related to the respective rights of the corporation governors and the donation governors. But as the opinion of the Vice-Chancellor and his Lordship coincided in the view that such right was vested in the donation governors, the corporation governors were not desirous to interfere any further in the matter, but would leave the responsibility of destroying St. Thomas's Hospital and selecting a new site with those who had been held to have the right of so deciding. He, however, wished to protest against a statement which had been made that the corporation of London had encroached on the powers of the Governors of St. Thomas's Hospital, the fact being that previous to the year 1782 it had been quite the other way, and since that time they had been perfectly quiescent.

The LORD CHANCELLOR said every one would do justice to the corporation for the motives by which it had been actuated in the matter. He had always given the corporation credit for being moved by a sense of duty, there being no doubt great responsibility involved in the selection of a new site, which required to be exercised with the greatest prudence. It therefore became necessary to ascertain in whom such right was vested, and it had been decided in favour of the donation governors. As to the supineness of the corporation governors previous to the year 1782, they had committed the administration of the hospital at that time to the donation governors, and therefore any question of their former conduct was long since past; and it was admitted that the present governors were everything that could be desired. When he suggested an alteration in the form of the writ, he contemplated the probability of difficulties arising in

regard to the purchase of the site, and dealing with the money which had been paid for the former site, and he had been desirous of smoothing that difficulty by a declaration of the rights of the governors under the statutes and the duty of the corporation in reference to the conveyance. As he understood that the conveyance had been in conformity with his opinion, all that remained was to dismiss the appeal and the bill with costs.

GENERAL CORRESPONDENCE.

THE GOSS FUND.

To the Editor of the Medical Circular.

SIR,—I beg to enclose the first list of subscribers to the "Goss Fund," which I shall feel greatly obliged by your publishing in this week's MEDICAL CIRCULAR:—

	£	s.	d.
Henry Bateson	0	10	6
H. Bass	0	10	6
C. C. Blades	0	10	6
Thomas Brown	0	10	6
J. W. Carpenter	0	10	6
W. S. Cortis	0	5	0
H. Dobell	0	10	6
W. D. Ditchett (Louth)	0	10	6
A. Ebsworth	0	10	6
E. F. Fussell (Brighton)	0	10	0
Edward Head	0	10	6
W. T. Iliff, jun.	0	10	6
J. W. Jones	0	10	0
H. Jeaffreson	0	10	6
T. M. Kendall (King's Lynn)	0	10	0
J. T. Mitchell	0	10	6
Edward Morse	0	10	6
C. W. Otway	0	10	6
James Palfrey	0	10	6
G. P. Rugg	0	10	6
F. Smith	0	10	6
A. T. Smith	0	10	6
W. H. Smith	0	10	6
N. Stowers	0	10	6
D. Taylor	0	10	6
J. R. Tunmer	0	10	6
S. Wilks	0	10	6
E. Wright	0	10	6

30 Newington place, S., I am, &c.,
Nov. 23, 1864. NOWELL STOWERS.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your finding space for the following reply of the Poor-law Board to the letter you did me the favour to insert in your Journal of the 12th inst. You will perceive the Board are not desirous to afford us any assistance. My Medical friends must therefore individually see their own members, and endeavour to obtain from them a promise to support a Bill founded on justice. In the course of a short time, I will lay a copy of the proposed Bill before the Profession, and elicit from them their opinions on it. I am, &c.,

12 Royal terrace, Weymouth, RICHARD GRIFFIN.
Nov. 21st, 1864.

Poor-law Board, Whitehall,
Nov. 19, 1864.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 8th inst., enclosing an extract from a newspaper report of the proceedings at a meeting of the Guardians of the Southampton Incorporation, relative to the providing of medicines for the poor.

The Board direct me to express their thanks for your communication. As regards the last paragraph, however, they desire to state that they will not trouble you to send them a copy of the proposed Bill to which you refer. They will be prepared to consider any Bill upon the subject of Poor-law Medical Relief which may be introduced into Parliament by any member of the Legislature, and to give it due attention. I am, Sir,

Your obedient servant,
Richard Griffin, Esq. C. GILPIN, Secretary.

HEREFORD INFIRMARY.—RESIGNATION OF THE SENIOR SURGEON.—We very much regret to hear that Mr. Lingen has resigned the honorary appointment of surgeon to our noble institution, the Infirmary, and we are sure that that regret will be shared, not only by his professional brethren connected with the institution, but by the inhabitants of the city and county generally, to whom his kindness of disposition and great professional skill are so well known. Mr. Lingen was appointed on the 6th of December, 1838, on the death of the late Mr. Cam (uncle to the present Mayor of Hereford), and became senior surgeon in the following May, on the retirement of Mr. John Griffiths. His services have thus been given to the institution for almost twenty-six years, and he has now, we understand, been induced to resign only because the increase in his private practice leaves too little time at his disposal for the discharge, satisfactorily to himself, of the duties of this honorary, and very honourable, appointment.—'Hereford Times.'

SCOTTISH REGISTRAR-GENERAL'S QUARTERLY REPORT.—The Registrar-General for Scotland in his report just issued for the third quarter of 1864, which is the tenth year of civil registration, has to record the highest birth-rate he has ever registered in this quarter—namely, 347 (per annum) in every 10,000 of the estimated population—377 in the town districts and 313 in the rural; also the highest marriage-rate, 64 in every 10,000—85 in the town districts and 39 in the rural; and a death-rate of 206, which is higher than in this quarter of any of the previous years, except 1863—251 in the towns and 156 in the rural districts. The health of the population was below the average during the quarter. The increase of sickness and death seems to have been most marked in the towns. It has been noticeable in every month of the present year, and cannot be traced to any particular epidemic; there is a general increase of deaths from all diseases. The mortality has been on the increase for two or three years, and the Registrar-General considers that its probable causes merit a searching inquiry. The weather in the third quarter of the year 1864 was in many respects anomalous, and presented a striking contrast to that which has prevailed over Scotland for some years back. During the first ten days of July cold east winds prevailed, and exhibited the striking fact that they commenced daily shortly after the sun rose, increased in strength till about three o'clock, died away to a perfect calm in the evening, and continued calm during the night. From the 11th till the close of July the days were delightfully warm, the thermometer rising frequently above 80 deg. during the greatest warmth of the day between the 17th and 23rd. During August the weather was delightful, and unlike many Augusts which preceded it, was a dry, warm month. In almost all the southern half of Scotland not a drop of rain fell till the last two days of the month. The temperature, however, never attained the same height as in July, thus presenting the anomaly, in Scotland, of July being the warmest month. A day or two before the rain commenced, however, a very severe sharp frost occurred, which injured all the leaves of the potatoes, delicate annuals, and even the leaves of many of the forest trees, so that the leaves were quite yellow when the month closed. September, on the other hand, was characterised by the deluges of rain which fell, accompanied by not only high winds, but absolute storms from the south-west and west during the first half of the month; while the latter half was attended by a parching drought, sharp frosts during the night and towards morning, and a good deal of east wind. The returns from 55 stations of the Meteorological Society of Scotland show a mean depth of rainfall in the quarter amounting to 8·64 inches, being 1·27 inch below the average of the preceding eight years.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 30, 1864.

THE TRIAL OF WRAY AND ANDERSON FOR CONSPIRACY.

The recent trial and conviction of the two men, Wray and Anderson, for conspiracy with intent to extort money, confirm, in a most striking manner, the remarks we have offered from time to time on the subject of the obscene quacks and their relations to the Medical Profession and the public. These men, it will be seen, were not tried and convicted by virtue of any statute or law made in respect to the Medical Profession, but merely in conformity with the ordinary law of the country.

Although it is notorious that the man Wray, under the name of Dr. Henery, or of other names for aught we know, had no qualification to practise Medicine or Surgery, and although he has advertised himself as a Medical man, and has assumed different fictitious names for very obvious purposes, yet no machinery in connexion with the laws relating to Medicine was efficient in arresting his career or even in pointing out to the public that he had no qualification for the calling he pretended to exercise. His filthy advertisements, inserted in many ot the newspapers or posted up in the public thoroughfares, and his disgusting books, circulated by himself throughout the community, carried on their face the pretension that they emanated from a member of the Medical Profession, the authorities of which did not even dare to expose the mendacious assumption, from the fear of the consequences of the existing law of libel. "It is well known," said the prisoner's counsel at the trial, "that certain members of the Medical Profession devoted themselves to a particular description of disease, and that they advertised in the papers, and he was not aware that there was any disgrace in their doing so." This exactly represents the opinion entertained on the subject by many of the public, who comprise, under the name of the "Medical Profession," every scoundrel who chooses to put Dr. before his name, or to advertise his filthy trade on the walls or in the cheap newspapers.

If any attempt had been made to prosecute Wray under the Medical Act or the Apothecaries' Act, although it appears to us that he has been amenable to the provisions of both, the trickery of the law or the dogmas of magisterial wisdom would have found for him some ready means of escape, and, as has been shown in some recent cases, he would have passed not only unharmed, but triumphantly, through the ordeal. It would have been pleaded, if he had been summoned in the name of Wray, that his real name was Henery, or *vice versâ;* and if he were caught at last, the simple defence would be that he was not registered under the Act of 1858, and therefore had a right to give himself out as a Doctor and practise with impunity. If it was sought to prove that he falsely pretended to be a Medical man, and so announced himself in his advertisement, it would then be found that no one knew from whom the advertisement emanated. If the editor of a paper was summoned to throw light upon the subject, he would answer (and truly) that the matter was not in his department; if the proprietor who received the money for the advertisement was interrogated on the same subject, he would profess his ignorance of the matter; and if the advertising agent were questioned, he would profess the same profound ignorance of everything except the receipt of the money.

But in the present instance, the culprit has made himself liable to the ordinary law of the land; and although it is decided to be no offence for a quack to pretend to be what he is not, or to assume fictitious names for the purpose of fraud, or to swindle the unwary out of their money under false pretences, yet it is a misdemeanour for two or more persons to conspire together to extort money, and to this charge Wray and his confederate most undoubtedly laid themselves open; and they carried on their proceedings with a recklessness only to be accounted for on the supposition of their many previous successes in similar transactions, and their full dependence on their power of evading the law.

We have printed a report of the trial *in extenso*, in conquence of its great importance to the public, who are far more interested in the matter than the Profession; and the fullness of the report relieves us from the necessity of commenting at large upon the details. The story, too, however startling the particulars may be to general readers, is only a vulgar and an ordinary one, and may be paralleled by cases which occur repeatedly, but are not often found out. We deem it, however, only an act of justice to thank Captain Clarke for his manly and honourable conduct throughout the transaction, and to express our regret that, owing to the too ready facilities afforded by the medium of advertisements, he should have fallen into such hands as he did, when labouring under a temporary indisposition. We think it necessary to declare what we have before stated, that the victims of these quacks are not, as is supposed, merely the debauched and the dissolute, but too often the modest and the unwary, to which latter class Captain Clarke appears to have belonged; and he was no doubt made to believe by the quack advertisements that a physiological phenomenon of no importance was an indication of serious disease. The story is, in fact, as old as the "thimble-rig," or the manœuvres of the skittle-sharpers. A disease which certainly does sometimes occur, but which, in ninety-nine cases out of a hundred, exists only in the imagination, is seized upon by the quack doctor, and is then magnified into the most gigantic proportions and pictured in the most hideous forms; and when a victim is entrapped, he is first made to believe himself the subject of the malady, and is then fleeced of his money, under the pretext that he is being cured. By a common but artful device, the quack, while concealing his own name, obtains the name, together with the address, of his victim, and if he finds, what is very probably the case, that the latter is a young nobleman, or a clergyman, or an officer in the Army or Navy, or otherwise respectably connected, he is relieved of all his ready

cash, and, as soon as the supply is exhausted, or the dupe refuses to pay any more, then threats of exposure are made by which the desired end is attained.

The only feature in the recent case which distinguishes it from others of a similar nature is the astounding folly of Wray in carrying on the game after he found what sort of man Captain Clarke was, and in identifying himself with the proceedings of the confederate Anderson. As we have just remarked, we can only account for his infatuation by his retrospect of former transactions, and his confidence in the efficacy of threats as a means of extortion. Thanks to Captain Clarke's firmness, this confidence has been unavailing, and the whole conspiracy has been exposed and punished.

We have only two more subjects to allude to in connexion with this trial. In the first place, although unwilling, even in a Medical Journal, to discuss the subject of spermatorrhœa, yet as it has been introduced in all the newspapers, including the 'Times,' in the course of the evidence, we feel it necessary to express our opinions, briefly but decidedly, on the matter. We do not hesitate to declare that this disease very seldom exists at all, and that the numerous advertisements from persons pretending to cure it are mere traps to catch the timid and the unwary. We also repeat that the victims of the quacks are not so much the sensualists and the debauchees, as the virtuous and modest of our young men, who, if they would shun the quack advertisements, would save themselves much needless alarm and often great pecuniary loss.

In the second place, we remark that Wray and his confederate, Anderson, are merely the types of an extensive class, and that these two men are by no means among the large traders in filth and robbery, who, on the principle that the law, like a net, catches the small fish but allows the large ones to break through, are still carrying on their nefarious trade under the very eye of the law. These fellows pursue, only upon a large scale, the very same arts, and practise the same means of extortion, as those which Wray and Anderson are now expiating on the treadmill; and the law, in too many instances, is powerless to stop their career. Their victims, terrified, in the first place, by the phantoms of imaginary disease, are fleeced of their available cash, and then, under threats of exposure, are induced to give promissory notes, or even to mortgage whole estates, in order to satisfy the rapacity of the quack harpies. This horrible trade has been pursued for years; but as there is no wrong without a remedy, it is to be hoped that many others besides Captain Clarke will now come forward to unmask the villains, and render them amenable to the punishments of the law. We also repeat that too many of the newspapers (the 'Times' and a few others being honourable exceptions) have lent themselves to the purpose of these vampires by inserting their filthy advertisements, thus instilling the seeds of moral poison into the minds of the innocent, or inspiring the timid with the fear of a disease which hardly ever exists, or suggesting, while pretending to deprecate, the indulgence of vice.

SUMMARY OF THE WEEK.

THE CONTAGIOUS DISEASES PREVENTION BILL.

The Horse Guards and Admiralty authorities having obtained their Bill for the prevention of Venereal Diseases in the Army and Navy, the question now seems to be—"What will they do with it?" The determination of the existence of disease in a woman is left at present to the diagnostic powers of the police-constables, but we have not yet heard of any cases in which the new Act has been put into operation. For our own part, we believe that the diagnosis of this affection in the female is often a point of very considerable difficulty, and we do not know whether the police force are to receive special instruction and education on the subject. We hear, however, that a commission has been appointed to inquire into the nature and treatment of venereal disease, and that this commission consists of Mr. Skey, as chairman, Mr. Quain, Mr. Cock, Dr. Balfour, Dr. Donnet, Dr. Kirkes, and Dr. Wilks, and Mr. Spencer Smith, as secretary. It is probable that the real object of this commission is to ascertain in what way the powers of the Act recently passed may be made available for its ostensible object—namely, the prevention of venereal disease in the Army and Navy, by controlling the avocations of prostitutes and bringing them under a system of sanitary supervision. In the meantime, we would draw attention to the miserable condition of those unfortunate women who, under the name of "camp followers," infest garrison towns and the neighbourhood of camps; and if any one wishes to ascertain the truth in such matters, let him visit the camps at Aldershot, Shorncliffe, or Colchester. But bad as the lot of these unfortunate women is in England, in Ireland we learn it is much worse. There they are literally treated as the lepers of olden time, with the exception that there are no leper-houses to receive them. A graphic account of the sufferings of these most miserable beings is given in the current week's number of 'All the Year Round.' For instance, not only have they no homes to go to, but if they put up some temporary shelter for themselves, the military authorities, the police, or the priests destroy them. Shopkeepers refuse to serve them, because they fear being denounced from the altars; priests have been known personally to flog these poor wretches; and so, driven from pillar to post, they are compelled to live, even in the winter months, on the bare heath, or under such shelter as may be found under hedges or banks. The writer of the article in question thus describes what he personally saw:—"On the Curragh, for instance, the only protection they have from the pelting rain, the driving sleet, or the falling snow, is a furze bush, and this they are not allowed to erect or prop up by any means into a kind of covering. The moment they attempt to make a roof of it, it is pulled down by the police or under-rangers. I never believed it possible that such misery as I have seen could be in existence even among savages. Often have I seen these women, as I went to exercise after a severe night's rain, lying by threes or fours huddled together in a ditch,

or by the lee side of a bush. I remember one morning, when I was on pass, making my way across the Curragh. Going down from the Grand Stand towards the camp line I passed a rising piece of ground on my left, under the brow of which the sheep and lambs were cowering together for shelter from the sharp north wind which was then blowing bitterly. I did not observe four women lying in a bit of a hole they had scooped out until one called after me and asked me to give her a shilling for God's sake, as they were starving. The sight of them, wet, cold, and perishing from want and exposure, caused me to turn back and give the shilling, and I own that my remonstrance was very feeble even when she to whom I had given it jumped up, saying 'Long life to you. This will get us a drop of whisky,' and ran off to get it. The mere prospect of the drink seemed to impart new life to two of them ; but the other evidently cared nothing about that which gave her companions so much pleasure. Her eye was languid, her skin hot and dry, her head ached. She was suffering from an attack of fever. I left her, and, walking back to the station, met a policeman, whom I informed of her state, and he promised to get her into the workhouse if he could. I discovered afterwards, that this, after two days, was done, and she died a few hours after her admission."

A BATCH OF JUDGMENTS.

At the last session of the Central Criminal Court, Mr. Henry Wilkins, surgeon, of Ealing, appeared upon his recognisances to receive judgment for illegally receiving in his house a person of unsound mind, of which offence he was convicted at the previous sessions. As the Commissioners of Lunacy professed their desire to deal leniently with the case, Mr. Wilkins was *only* fined 50*l.*, his offence being one of a mere technical nature, and probably committed in ignorance of the law. We think that a mere nominal fine would have fully satisfied the justice of the case, as no harm had been done to anyone, and no imputation whatever was cast upon Mr. Wilkins's character. Mrs. Sophia Leander was called up for judgment on what is called a similar charge, namely, illegally keeping lunatics, but her view of the matter was that since her conviction she had eliminated all the persons who were of unsound mind, and retained only some epileptic and paralytic cases. As she maintained that she had conformed to the law, no sentence was passed upon her. At the Thames Police-court, George Fentiman, a chemist and druggist, was brought up for judgment for wilfully and falsely taking the name and title of surgeon, in defiance of the provisions of the Medical Act, and was fined *one shilling* and *two shillings* costs. Mr. John Wills, a regularly qualified and registered Medical practitioner, who had prosecuted in the case, applied for some of the costs to be allowed him ; but they were refused by the magistrate. The expenses of the prosecution are thus most unfairly made to fall upon Mr. Wills.

SAMARITAN HOSPITAL.—Drs. Jenner and Greenhalgh have been appointed Consulting Physicians to this charity.

REVIEW OF BOOKS.

Practical and Pathological Researches on the Various Forms of Paralysis. By Edward Meryon, M.D., F.R.C.P.L. Pp. 215. London : Churchill and Sons. 1864.

In the strict meaning of the term, paralysis is only a symptom, and it may attend upon pathological conditions of the most various or even opposite character ; and yet the visible phenomena of paralysis are so remarkable, that in the present age of subdividing diseases and symptoms, and making almost out of each the subject of a separate essay, it is pardonable for an author to choose paralysis for his theme, especially when one so well qualified as Dr. Meryon undertakes the task.

In his introductory remarks, Dr. Meryon pays a due tribute of respect to the two distinguished British physiologists but recently taken away from us—namely, Sir Charles Bell and Dr. Marshall Hall—whose discoveries and researches in connexion with the nervous system have cleared away much of the obscurity which formerly enveloped the study of nervous diseases, and have thrown a flood of light upon the treatment of these mysterious affections. To the former is due the merit of distinguishing between the functions of the anterior and posterior roots of the spinal nerves, and to the latter that of developing the extraordinary laws of reflex action, which is an attribute of the spinal cord. By these remarkable researches, diseases hitherto obscure have been satisfactorily explained, and symptoms hitherto inexplicable have been referred to their true source ; and although many points in cerebral and spinal pathology still baffle inquiry, yet so much has already been revealed, that it may be hoped the future has still a rich harvest in store for some gifted and industrious explorers in this rich and interesting field of inquiry.

Dr. Meryon commences his book with a description of the minute structure of the nervous centres, considering very justly that, in order to form correct views of the nature and treatment of nervous diseases, it is necessary to understand thoroughly the anatomical characters of the tissues the functions of which are deranged ; and although it cannot be said that visible organic lesion and impairment of function are by any means necessarily associated in all nervous diseases, yet enough has already been demonstrated in this department to stimulate further inquiry. The debateable question of the nature of nerve-force is briefly considered, together with its relation to electricity; and the views of Matteucci, Du Bois-Reymond, and Pflüger are successively considered, together with those of Professor Bernard and others, on the sympathetic nerves of the blood-vessels, or, as they are called, the vaso-motor nerves.

The subject of paralysis is then discussed in sections, as it arises from affections of the spinal cord, from affections of the brain, from blood-poisoning, and from reflex action ; and the last chapter describes the progressive forms of paralysis, as the Progressive Paralysis of the Insane, the Progressive Ataxia (the *ataxie locomotrice progressive* lately described by Dr. Duchenne of Boulogne), and Paralysis from Granular Degeneration of the Voluntary Muscles.

From this sketch of the subjects treated by Dr. Meryon, it will be perceived that he travels over a wide field of investigation, and includes diseases connected with serious and fatal lesions of the nervous centres as well as others which are dependent upon transient and removable causes ; many being associated with central disease of the nervous substance, others being caused only by irritation of parts situated a distance from the nervous centres.

Our limits forbid us to do more than to speak in terms of general commendation of Dr. Meryon's work, which reflects the greatest credit upon him both as a sound physiologist and a practical and thoughtful physician.

Lectures on Public Health. By E. D. Mapother, M.D. Dublin : Fannin and Co. London : R. Hardwicke, 192 Piccadilly.

If we mistake not, the appointments of "Professor of Hygiene" and "Medical Officer of Health" have been only recently created, and the author of the 'Lectures' (now

published in a book-form), Edward Dillon Mapother, is the first Professor of Hygiene and also the first "Medical Officer of Health of the City of Dublin." Dr. Mapother is likewise one of the Surgeons to St. Vincent's Hospital, and holds the post of teacher and demonstrator at the Royal College of Surgeons, Dublin. We are familiar with the author's name from the fact that this is not the first occasion of his appearing before us as a writer, since we have previously had the pleasure of reading his 'Manual of Physiology,' a work meant by him for the instruction of his college pupils especially, and as a kind of class book, by which they would be enabled to follow him in his private lectures and instruction. The book which we are reviewing is well and handsomely illustrated by woodcuts, illustrative of the various topics embraced in the 'Lectures; and commends itself to us by the clear manner in which it is written, as well as by the interest of the subject that it embraces, namely, "The Public Health."

These lectures were delivered before the President and Council of the College of Surgeons, Ireland. We regret that we cannot review them so minutely as we would desire; but suffice it to say, the subject is discussed in the manner we should expect it to be by Dr. Mapother; and we trust that his energy and perseverance will be crowned with the success he has merited, and that he will soon have the pleasure of seeing the beautiful capital of Ireland freed, as far as it is possible to be done, from impurities in the air, in water, and in food, by the carrying out the hygienic measures which he proposes in his lectures. We are glad to see that model lodging-houses have been established in Dublin, and only regret that they are not more general in that city. Dr. Mapother does not rest satisfied with exposing public evils, but, entering with us into our homes — where he is no unwelcome visitor —he shows us how our meals had best be eaten, and sets before us the dishes which would be most nutritious, and therefore most conducive to health. Chapter VIII. embraces the subjects of "Mental and Physical Exercise," and "Occupations." In it we find stated that "so unfavourable to longevity is mental or physical idleness, that it may be asserted no great idler ever attains old age." The physical exercise recommended is not routinism, but exercise "amid new and interesting scenes," by which the mind is refreshed; the thoughts must not, however, be fastened upon the exercise itself, for then little advantage is gained. The exercise of the mind in order to be beneficial must be receptive; but it must also be of a creative character. Chess is recommended as a means of relaxation to those who are actively engaged, but whose employment is not of an intellectual nature, being clerk-like and merely routine; billiards, where much head-work is the usual form of labour; poetry, history, philosophy, relieve the mind wearied from dry statistics or legal arguments; gambling is deprecated as being most pernicious. "The half-time system of education" advocated by Mr. Chadwick is also advised by Dr. Mapother. The author scouts the idea that civilization tends to shorten life, and shows that in the savage state existence is not prolonged. The clear hours of morning are the best for study, since, at that time, the acquiring and reflective powers are most capable of performing their functions. The evils of disuse are pointed out, but the evils of over-use are also set forward in clear and precise language.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

The number commences with a Clinical Conference by Dr. Graily Hewitt, the subject being "Arrest of the Fœtal Head in the Pelvis," with the diagnosis of such cases and their treatment, and especially in relation to the use of the forceps. Dr. Hewitt describes the different causes which may lead to the arrest of the fœtal head, as the disproportion between the head and the pelvis, abnormal positions of the fœtal head, inefficient action of the uterus, &c.; and after passing in review some of the ordinary measures for expediting the labour, he proceeds to describe the employment of the forceps, an instrument which he evidently thinks is too little used in the cases to which he refers. By its early application he thinks that many serious consequences may often be averted, while the dangers attending the use of the instrument have been very much exaggerated. The injunction of some authorities to feel for the child's ear before applying the instrument he thinks ought to be disregarded, nor does he believe it necessary to withhold the use of the instrument because the os uteri has not passed entirely upwards over the head. ——Dr. Thudichum describes "A New Mode of Treating Diseases of the Cavity of the Nose," as, for instance, ozæna, ulceration, cancer, &c. The method consists in the injection of various medicated fluids by means of an apparatus which causes the fluids to pass in by one nostril and out by the other, so as to wash out the nasal cavities, and thus remove morbid secretions or obstructions, or exercise a curative influence upon the diseased Schneiderian membrane.——Dr. Octavius Sturges continues his observations "On Bronzing of the Skin in connexion with Diseased Supra-Renal Bodies," and he now examines the question as to the necessary connexion between the two phenomena. He comes to the conclusion, that although many persons with diseased supra-renal bodies have died without any appearance of bronzing, yet that Addison's disease has a real existence; and that in cases of capsular disease without bronzing, it may be assumed that the characteristic symptoms, including the coloration, had not time to manifest themselves before the patients were cut off by some other affection.——Dr. Francis Anstie makes some remarks "On the Action of Opium as an 'Astringent' in Diabetes," his object being to show that the ordinary notion of opium being essentially a kidney-astringent is erroneous, and that it only becomes so when it is given in *poisonous* doses. In diabetes a larger quantity than usual of opium is required to produce a narcotic, that is, paralytic effect, on the nervous system, and hence the astringent property of the opium is only manifested when considerable doses are given, as, for instance, six grains a day, as in a case which lately occurred.——Mr. J. W. Trotter relates a "Case of Laryngitis, in which Tracheotomy was performed with a Successful Result." The patient was a soldier who had suffered from syphilis in the primary form, but had not been affected with secondary symptoms. The operation was performed in consequence of threatened death from apnœa, and was followed by immediate relief, and subsequently by complete recovery.

The 'Dublin Quarterly Journal of Medical Science,' November.

Dr. Wallace opens the number with a paper entitled "Contributions to the Volumetric Analysis of Urine." The method employed is first detailed; the analysis is conducted on the method advised by Neubauer and Vogel, French weights and measures being used as the means of calcula

tion. The tests used by the author for ascertaining the presence of sulphuric acid and of phosphoric acid are next given, before the second part of the paper is introduced, which contains the objects to be kept in view. These are, first, the daily variations in the constituents of the urine in health during a considerable period; secondly, the alterations in their quantity arising from taking various medicinal substances into the system; thirdly, the alterations in their quantity arising from the presence of disease. The third part of the paper is occupied with the results. Bicarbonate and chlorate of potash occasion, after the first dose, a diuresis, which, however, is not kept up by the repetition of the medicines: the excretion of urea is, likewise, increased after the first dose; but on the continuance of the drugs it falls to the mean or average quantity; and, again, when the medicines are pushed, there is an increase in the amount of urea formed. The excretion of sulphuric acid is also increased. The last part of the paper is taken up with the effect of disease on the urinary constituents.——Mr. SYMES records "An Unusual Form of Dislocation of the Hip-joint." The right leg was considerably shortened — to the extent of two inches; the foot was everted to an extreme degree; the buttock was flattened; the projection of the trochanter was not so marked as on the sound side: it could be felt in a situation above and behind its usual position; there was a remarkable prominence of the soft parts on the anterior and inner aspect of the thigh; although there was no protuberance to mark its presence, the head of the femur could be felt revolving beneath the hand when the limb was moved; it was situated about two and a half inches below the anterior superior spinous process; it was not immediately beneath, but lay on a plane very slightly posterior to it. An ocular inspection would lead to the supposition that the thigh was fractured, but a closer examination showed that a dislocation of the hip existed. The condition of parts and the symptoms that presented themselves are explained by the supposition that the capsular ligament had been torn by the accident, had allowed the head of the femur to slip through it, and had afterwards grasped the neck of the bone so effectually as to hinder the return of the head into its accustomed place in the interior of the capsule.——Dr. SMYLY contributes the second of his "Notes on Medicine and Surgery," the subject being the good effected by means of the inhalation of pulverised fluids.——Dr. BELCHER has a paper entitled "Remarks on the Hebrew Catalogue of Skin Diseases.' The author is at issue with Mr. Erasmus Wilson as to the connexion of leprosy—the true Eastern malady—with elephantiasis; also as to the connexion of the vitiligo of Celsus with the affection termed "lupus non exedens."——Dr. HENRY KING gives "Notes of a Visit to the Medical Institutions of New York." In this paper are contained an account of the different schools of Medicine, the system of education pursued in each, their respective merits, and the number of pupils they educate; mention is also made of the hospitals and other Medical institutions of the city. A review is next made of the sanitary conditions and regulations; and "the street system of New York" is declared to be "perfect both for sanitary purposes and for general convenience."——Dr. FLEMING contributes an article "On Granular Swelling, or Benign Fungus of the Testicle in Infants." Diseases of testicle, cord, or scrotum are alleged to be by no means so infrequent in the infant and child as they are asserted to be. It is exceptional for acute orchitis to terminate in even a disposition to the "granular swelling," or even in suppuration; and when the former does happen to supervene, it denotes great local neglect. Those passing seizures of acute orchitis which attack infants and children of more advanced years, and are connected with urinary irritation, are, in the opinion of the author, dependent upon derangement in the condition of the urine; red or white sand or calculous concretions passing along the ureter, or urethra, or being present in the bladder, being the occasion of the affection.——Dr. FINNY reports "A Case of Ileus accompanied by Fæcal Vomiting successfully Treated by Galvanism directly applied to the Mucous Surface of the Intestine." The ileus resulted after a dose of Epsom salts had been taken; purgatives, purgative enemata, and all the usual ordinary and extraordinary adjuncts of treatment having been tried with a want of success, one pole of the battery was put up the rectum, and the other applied to the integument of the abdomen. The galvanism threw the whole of the abdominal muscles into violent action, which was immediately succeeded by a gush of fluid fæces. The patient was relieved, and eventually recovered.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

NOVEMBER 2ND, 1864.

DR. GREENHALGH, VICE-PRESIDENT, IN THE CHAIR.

The following gentlemen were elected fellows:—Dr. Wm. Aitken, Madras; Mr. Benson Baker, Islington; Dr. Robert Jackson, Notting-hill square; Mr. Llewellyn Powell, Christchurch, New Zealand; Mr. Wm. Quarrell, Sidbury, Worcester; and Dr. M. W. Turnbull, Melbourne, Australia.

Dr. GERVIS exhibited the

BLADDER, KIDNEYS, AND URETERS

removed from a child who died at the age of five weeks. The bladder was thickened, the ureters dilated to the size of the finger, the pelvis of the left kidney greatly distended, and the structure of the kidney itself very thin. After birth there was no apparent difficulty in micturition.

Mr. FRED. F. JAY, of Pulham-Mary, Harleston, Norfolk, showed a specimen of

DOUBLE MONSTROSITY.

The children, both females, were joined together by the sides of the thorax and abdomen. They were in other respects perfectly formed. The labour was not attended with any great difficulty. They were born alive, but died in a few minutes. There was but one cord.

Dr. ADOLPH RASCH exhibited a

VAGINAL DOUCHE.

It consists of six feet of strong india-rubber tube, made heavy on one end by a hollow piece of lead, and having at the other an elastic bougie with several holes in the bulbous end, for introduction into the vagina. The instrument acts as a siphon; and the only but important point for which Dr. Rasch claims some credit is the very simple way of establishing the flow through the tube. This is done by immersing about two feet of the tube, along with the leaden end, in a vessel containing water, whereby this part of the tube becomes filled with water. It is then lifted over the brim, and the vessel being placed on some elevated article of furniture, the fluid at once escapes on the well-known siphon principle. Having no complicated structure, it cannot get out of order. The force of the stream is, of course, regulated by the height from which the fluid is made to flow. The instrument was made by Mr. Evan Lewis, of the City road.

Dr. J. BRAXTON HICKS showed an

ENCEPHALOUS MONSTROSITY.

The monstrosity was one of twins. Its delivery could not be effected until the cord was divided, owing to the shortness of the latter. The cord was cut through above the brim of the pelvis.

Dr. GREENHALGH and Dr. BRAXTON HICKS presented a report on the specimen removed by Mr. Baker Brown by the operation of ovariotomy. After giving a complete account of the general and microscopical appearance of the tumour, they conclude by stating that it was a specimen of that form of disease recently designated adenoma of the ovary.

Dr. HENRY EASTLAKE read a paper

ON THE MANAGEMENT OF THE THIRD STAGE OF LABOUR.

This paper consisted of an historical, analytical, and critical dissertation on the subject. Having briefly described the opinions which existed amongst the accoucheurs of times gone by, the author proceeded to give an account of the modern views and principles which govern the placental

stage of labour. Dr. Eastlake laid great stress upon the hand being placed firmly on the fundus uteri at the moment the child is being expelled, the uterus being thus followed down, and the contraction maintained by gentle pressure. He stated that external manipulation, judiciously applied, was, in the majority of instances, quite sufficient *per se* to effect the expulsion of the afterbirth, without any traction whatever on the funis. He believed that the great secret was to exert the pressure during a contraction ; in short, to act in unison with Nature as we did in the application of forceps, where we applied our chief force at the moment of a pain. Dr. Eastlake said he had no doubt that many would imagine that after all this was no modern idea ; but he demonstrated that this teaching was not definitely described and insisted on in our manuals of obstetrics. Dr. Credé, the Professor of Midwifery at Leipsic, appeared to be the only one who had advocated this doctrine and brought it prominently before the Profession. The author next considered the subject of retained placenta, and alluded to the various causes which arrest Nature's process of extruding the afterbirth. The three steps in the natural expulsion—namely, (1) the detachment from the wall of the uterus, (2) its extrusion from the uterine cavity, and (3) its expulsion from the vagina—were duly recognised and dwelt upon. Regarding the subject of morbid adhesion of the placenta, Dr. Eastlake threw out a suggestion as to the possibility of being able to diagnose this condition by means of auscultation. He reasoned by analogy in stating that for a long time he had been fully persuaded that by means of auscultation we often possessed not only a negative but a positive sign of fœtal death. He described a peculiar modification of the uterine *souffle* which to his ear was very characteristic when fœtal life had been extinct for any time. The alteration in tone suggested the idea of a muffled sawing noise, very different to the gentle blowing murmur heard in normal cases, where a living child existed in utero. How soon the modification took place the author was unable to state, from want of a sufficient field for observation. He considered that no ergot of rye should be given in cases of retained placenta, unless we were quite sure that no abnormal adhesion or irregular contractions existed. In cases of spasm of the os uteri, where the placenta became encysted, the administration of chloroform was recommended. Another point of interest alluded to by Dr. Eastlake, bearing upon the subject of his paper, was the occasional existence of a supplemental afterbirth, which was spoken of by Dr. Barnes, Dr. M'Clintock, and other authors under the name of *placenta succenturiata* or *placenta spuria*. He (Dr. Eastlake) had seen a specimen of such an afterbirth in the museum of the Lying-in Hospital in Dublin, obtained from an ovum of five months. When such a mass remained in the uterus after the true placenta had been expelled, it often gave rise to secondary hæmorrhage, and an impression arose that due caution had not been exercised in the extraction of the afterbirth. He agreed with Dr. M'Clintock that, remembering the possibility of such an occurrence, we should be slow to utter any opinion which would damage the character of a professional brother. In conclusion, the author alluded to the several conditions which generally authorise us to have recourse to a speedy removal of the placenta, such as post-partum hæmorrhage, convulsions, rupture of the uterus, and possibly, under certain circumstances, where the uterus was inverted, with the afterbirth still adherent.

Dr. Palfrey had understood the author to state in his paper that in his opinion the length of time that ought to be allowed to elapse before any active measures were adopted in cases of retained placenta was one hour. Dr. Palfrey distinctly differed with the author. It appeared to him that an hour was considerably too long a time to wait, for by so long delay the evil largely increased. Take, as an example, a case of adhesion of the placenta to the uterus, the result of previous inflammation. Is not the treatment in such a case attended with much greater risk and anxiety after waiting an hour than a delay of half that time? Again, Dr. Palfrey would inquire of the author, would he advise so long a time as an hour to elapse in a case of irregular contraction of the cervix uteri, where probably a portion of the placenta may be felt protruding through the os, and the remainder firmly detained in the cavity of the uterus? Dr. Palfrey's opinion was, that in all cases of retained placenta, from whatever cause such retention might arise, *thirty minutes* was the full extent to which, with safety to our patient, we dare wait. To him it did appear that it mattered not what might be the occasion of this accident of parturition, the earlier it was detected and the more promptly it was rectified the less the danger to our patient, the greater the subsequent satisfaction to ourselves.

Dr. Greenhalgh felt much indebted to Dr. Eastlake for calling the attention of the Society to the management of the third stage of labour, the proper treatment of which he had reason to fear was much neglected. He quite agreed with the author, that although most practitioners chiefly engaged in the practice of midwifery are fully aware of the importance of preventing the too rapid birth of the child, and of making pressure over the uterus during and for some time after its expulsion, yet it was a rule not alluded to in books, and comparatively rarely acted upon in practice, the neglect of which led to many of those difficulties met with in the removal of the placenta. He was of the author's opinion, that adherent placenta was of very rare occurrence ; but that its retention from the so-called hour-glass, irregular, or spasdomic contraction happened every now and then. He (Dr. Greenhalgh) did not approve of letting blood out of the funis, on the ground that the uterus did not contract so efficiently upon a lax as on a firm substance, and that, in event of artificial detachment being required, the ill-defined boundaries of the placenta would greatly complicate the case. He had never experienced any material difficulty in removing a detached placenta from the cavity of the uterus or vagina where early had recourse to. He confirmed the experience of the author, that the same uterine contraction which caused the expulsion of the child frequently detached the placenta. As a rule, he should not feel inclined to delay the extraction of the placenta beyond the half-hour, unless the labour had been very lingering, the uterus in a state of inertia, or the patient much prostrated, when he might be induced to wait an hour. In hæmorrhage, convulsions, inversion, &c., it might be necessary to proceed to the immediate removal of the placenta. Dr. Greenhalgh then drew attention to a case of placenta prævia, in which so great had been the loss of blood that the introduction of the hand in performing version, and subsequently for the extraction of the placenta, occasioned the most severe convulsions, in one of which the patient died. He strongly deprecated powerful traction on the funis, which might lead to irregular action or inversion of the uterus, laceration of the funis or placenta, &c. A considerable experience had convinced him that chloroform had not the slightest influence in delaying the expulsion of the placenta ; on the contrary, its anæsthetic effects greatly aided the practitioner in making firm pressure over the uterus, and thus facilitating its extraction. He had never met with a case of supplemental placenta. In conclusion, he thanked the author for directing his attention to the difference in the uterine souffle before and after the death of the fœtus in utero, of which, he stated, he had no experience.

Dr Eastlake, in reply, said that he had listened with great interest to the remarks made by Dr. Greenhalgh. In answer to Dr. Palfrey, he said that gentleman had misunderstood that portion of the paper which referred to the time that should be allowed to elapse before extracting the afterbirth. An hour was the maximum period that he (Dr. Eastlake) would wait in any case of retention, and then only where a doubt existed as to the cause ; but in the majority of instances the placenta might be removed within a quarter of an hour. He had had the pleasure of meeting Dr. Graily Hewitt at a case two nights ago, and he felt sure that that gentleman could testify to the ease with which he (Dr. Eastlake) had pressed off the placenta on that occasion.

Dr. Graily Hewitt could corroborate Dr. Eastlake's statement as to the effect of the pressure over the fundus uteri, unaided by traction on the cord, in expelling the placenta, having very recently witnessed it in the case to

which he was called by Dr. Eastlake. He had himself been in the habit of depending chiefly on pressure on the uterus for expulsion of the placenta, although he also held the cord just tightly enough to ascertain where the placenta was and how it was moving. He believed Dr. Eastlake's paper would have good effect in more widely inculcating a practice which he believed to be good. With reference to the effect of direct pressure on the uterus in procuring expulsion of the placenta, he had observed an interesting fact: in one case where pressure had been used for nearly an hour unavailingly, the uterus suddenly and forcibly expelled the placenta when the organ was grasped, one hand at each side, just at the junction of the Fallopian tubes with the body of the uterus. It appeared in this case, at all events, that this part of the uterus was more susceptible than others. Possibly this fact might have an application in other cases.

THE PATHOLOGICAL SOCIETY.

TUESDAY, NOVEMBER 15.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

A report, by Dr. HARLEY and Dr. BROADBENT, was read on

DR. BROADBENT'S SPECIMEN FROM A CASE OF OBSTRUCTION TO THE FLOW OF THE URINE.

It was found that there were valvular flaps in the ureters which prevented the escape of fluids into the bladder except when the ureters were much distended. As the urethra was not obtained with the bladder, the cause of the retention of urine in the bladder could not be explained.

Dr. MORELL MACKENZIE exhibited a specimen of

NECROSIS OF THE CRICOID CARTILAGE,

which he said illustrated the pathological changes that precede death of the cartilage. The disease was not far advanced, but the perichondrium had separated entirely from the posterior half of the cartilage on the right side, and was only attached here and there on the left side. When the larynx was opened the cartilage was found to be bathed in pus, and it was to be observed that at several places the cartilage had undergone ossification. The specimen was taken from a young man, who died of phthisis.

Dr. MORELL MACKENZIE also exhibited

THE LARYNX OF A CHILD WHO HAD BEEN UNDER HIS CARE FOR APHONIA.

The child, aged between three and four years, could not be examined with the laryngoscope, principally on account of the shape and position of the epiglottis. The case was a very interesting one, as the aphonia had been congenital, or had occurred immediately after birth. The mother had never known the child to utter a sound. When it cried, tears came into its eyes, but it could not produce a sound. On introducing the finger into the larynx during life, Dr. Mackenzie felt beneath the epiglottis a hard round tumour. It seemed of cartilaginous or bony character, and was believed to be a growth connected with the thyroid cartilage. There seemed to be no doubt as to the nature of the case, and Dr. Mackenzie had exhibited it at another Society, where several Hospital physicians and surgeons carefully examined the larynx, and agreed with him as to the nature of the disease. The child died in an epileptic fit. Instead of a cartilaginous tumour, warty growths were discovered in the larynx. Some small warts, the largest of which was about the size of a tare, were found in the left vocal cord, and beneath the vocal cords on each side the mucous membrane was of a warty or granular character. It becomes interesting to ascertain how the mistake in diagnosis had arisen. This, Dr. Mackenzie said, had no doubt been caused by the hyoid bone being pressed down (when the finger was introduced into the mouth), and felt through the epiglottis. Dr. Mackenzie said that, though such cases were rare, and though the mistake could only happen before the cornu of the hyoid bone were developed, he thought the case instructive in a practical point of view, more especially as attention had never been called to this source of fallacy.

Dr. ROBINSON showed

THE LIVER, SPLEEN, AND KIDNEYS OF A PATIENT WHO DIED JAUNDICED AND IN COMA.

The patient was admitted into Hospital for soft chancre, and at the time was jaundiced. He somewhat suddenly became comatose and died. At the autopsy the liver, spleen, and kidneys were found diseased.

Dr. MURCHISON suggested that a microscopical examination should be made of the liver, as the symptoms were not unlike those of acute atrophy.

Dr. HARLEY said that at first glance it might have been thought that the coma was due to some drug, as, for instance, to the iodide of potassium taken in an overdose. This drug, he said, produced congestion of the brain, and killed by coma.

Mr. ROBINSON said that no iodide of potassium had been given.

Dr. HARLEY thought the general symptoms, as detailed by Dr. Robinson, confirmed Dr. Murchison's view as to the disease being acute atrophy.

In reply to Dr. Quain, Dr. ROBINSON said the urine had not been examined.

Dr. Harley and Dr. Murchison were appointed to report on the specimen.

Mr. HOLMES then showed a large

TUMOUR REMOVED FROM THE NECK OF AN INFANT.

When seen the child was two years old, and the tumour had been growing a year; it was not congenital. It was situated on the left side, and reached from within an inch of the mastoid process to a finger's breadth of the clavicle. It did not implicate the subclavian vessels; it was also free from the carotid vessels, but pressed up the sterno-mastoid. It reached backwards under the trapezius towards the spine. It was growing rapidly, and in parts was soft, and had been tapped, on the idea that it might contain fluid, but none was obtained. It was removed twelve days before; the trapezius was divided in the operation, and the whole of the mass was got away. It consisted of fibrous and fatty tissue, and thus in its composition it resembled a tumour removed from the sole of a child's foot by Mr. Gay; yet it differed from Mr. Gay's specimen in that the fibrous tissue was not reticulated.

Mr. GAY exhibited a a case of

TRAUMATIC VENTRAL HERNIA, FROM EXTENSIVE RUPTURE OF THE RECTUS ABDOMINIS MUSCLE.

W. A., aged fifty, a remarkably strong-built man, was admitted into the Great Northern Hospital on October 18. He was an engine-driver on the Great Northern, and whilst standing on the rail an unperceived engine approached, by the buffer of which he was struck in the front of the abdomen, and thrown off the line. A tumour of the size of a large cocoa-nut immediately made its appearance around and involving the umbilicus. He suffered intense agony, vomited almost constantly, soon became collapsed, and died after the expiration of twenty hours. On removing the integuments several coils of intestine protruded. These had passed through a ragged transverse aperture, through the sheath of the recti, the entire muscles themselves, and the peritoneum. The rent on either side extended beyond the lineæ semilunares into the adjoining muscular layers. The left epigastric artery was torn across. Blood was effused extensively between the internal oblique and transversalis, and there was a large quantity in the abdominal cavity. The muscular structures on microscopic examination were found to be healthy. Mr. Gay had not found so severe a case on record. Instances had occurred in which, from direct blows, sudden contractile effort, and tetanic spasm, portions of the recti had been ruptured, but no one in which a blow, in all probability with violent and sudden contractile efforts, had produced so extensive a laceration as in this case. The skin was uninjured.

Dr. FENWICK showed

THE LOWER JAW OF AN ANTELOPE.

The bone presented the characters generally observed in rickets in the human subject. It was enlarged, but lighter than natural; was easily bent, and could be cut with a

knife. This disease is very common in the deer tribe when kept in confinement, so much so that one articulator of skeletons calculates that two-thirds of the number he has prepared have exibited traces of it. It is evidently a general, and not a local disease, for the animal from which the preparation was taken met with its death from fracture of its ribs caused by striking itself against its den. In another case, the deer charged violently against the side of its den, uttered a scream, and fell back dead. On examination, the third vertebra was found fractured. One of the chief advantages to be expected from the study of comparative pathology is the elucidation of the causes of disease. In the human subject there are so many varying conditions that it is difficult to determine which is the cause; but in the case of the lower animals the conditions are more simple and more easily known. The antelope in confinement differs from the wild animal in the want of exercise and in the nature of its diet. The want of exercise can scarcely be supposed to produce the complaint, as the carnivora are not liable to it. The antelope when wild feeds chiefly on the newly-sprouted grass, but in confinement it is fed on oats and hay; but as the latter contains as much or more lime than the natural food, the disease probably arises from a deficiency in the organic acids. Dr. Fenwick suggested that perhaps a further consideration of the subject might prove useful by affording a clue to the causes producing rickets in the human subject.

Dr. John W. Ogle exhibited a specimen of

ULCERATION OF THE INNER SURFACE OF THE CRANIUM IN CONNEXION WITH A CARCINOMATOUS GROWTH OF THE BRAIN FROM A CASE OF MANIA AND HEMIPLEGIA.

The patient, Jane E., was admitted into the Somerset Lunatic Asylum in January, 1852, suffering from hemiplegia of the right side, and mania. Her disposition during her life in the Asylum was irritable, but kindly. Her bodily health was indifferent, and she had suffered from occasional paroxysmal attacks of excitement. In May of the present year (1864) she was removed to the Infirmary, complaining of extreme weakness. In June she had an attack of jaundice and ascites. These symptoms increased, and she died on July 8. On post-mortem examination, the cerebral vessels, especially those on the right side, were very congested, and a portion of the superficial parts of each cerebral hemisphere (to about the size of a hazel-nut) was infiltrated with purulent fluid, and occupied by a soft, reddish brown growth, the surrounding brain-tissues being dark and inflamed. The cerebral membranes were natural. On the inner table of the skull corresponding to the disease of the brain were two excavations produced by ulceration. The one on the left side was very slight; the one on the right side was much deeper, and about equal to a shilling in diameter, its edges being surrounded by new bone formations in the shape of numerous very fine and sharp spicula, and, to a certain degree, by very firm fibrous tissue adherent to the bone. This depression was occupied by soft brownish red material of the same nature as that observed in the brain-tissue; but the bone, where ulcerated, was not at all softened. This cavity occupied the inner surface of the bone where traversed by the groove for the middle meningeal artery, which was in consequence at one part quite obliterated by it. The outer surface of the skull, corresponding to one of the excavations, was porous and slightly ulcerated. About an ounce of clear fluid was found in the spinal canal. Spinal cord healthy. The lower half of one lung was much congested. The heart was natural. The abdominal cavity contained much fluid. The liver weighed 182 oz., and was greatly enlarged, and occupied by carcinomatous tumours, as was also the uterus. *Microscopica examination* of the brownish deposits in the brain showed numbers of large granular and opaque nerve-cells, along with much granular matter and numbers of round and oval nucleated cells, some being condate, such as are often found in encephaloid growths. The deposit connected with the ulcers of the cranium presented similar cells, in addition to firm fibrous tissue.

Dr. Ogle also exhibited a specimen of

ATROPHY OF THE LEFT CEREBRAL HEMISPHERE WITH ATROPHY OF THE ARM OF THE OPPOSITE SIDE OF THE BODY—FROM A CONFIRMED EPILEPTIC WHO DIED OF PHTHISIS.

The patient, C. E., a man, aged twenty-nine, was admitted into the Wells Lunatic Asylum in October, 1860. The arm of the right side was much smaller than the left one in diameter, measuring 5½ inches below the insertion of the deltoïd muscle, whilst the left one was only 5¾ inches, and much shorter, measuring 30 inches, whilst the left one only measured 27 inches. The right wrist was firmly contracted, and was only 4¾ inches in circumference, whilst the other was 6 inches. During the year 1861 the patient had had 40 epileptic attacks; during 1862, 25; during 1863, 33; but in 1864 (the present year), up to September, he had only 4 fits. He was rational in the intervals between his attacks, and assisted the attendants in cleaning the corridors of the asylum, but was violent when the fits came on. He died of pulmonary phthisis. On post-mortem examination, the skull was found to be quite natural in formation and shape, measuring 20½ inches in circumference when the scalp was removed, 11 inches in an antero-posterior and 10 inches in a transverse direction without the scalp. The dura mater was natural. On removing the membranes on the left side a quantity of fluid escaped. The brain was found to be very unsymmetrical. The encephalon weighed altogether 40 oz., the brain without the cerebellum weighing 34 oz.; but the left hemisphere was much smaller than the right one. In addition to its being generally smaller in size than its fellow, there was complete absence of some of the superficial convolutions on the upper and posterior surface of the left cerebral hemisphere, owing to which a deep chasm was produced, which when widely opened presented a cavity of the size of a large walnut, lined by apparently thickened arachnoïd membrane, traversed by large blood-vessels. The midle lobe of the brain near the above-mentioned cavity was much softened, but the brain was otherwise healthy in substance. The lungs were occupied by tubercular deposits and vomicæ. For the details of this, as of the former case, Dr. Ogle had to thank Dr. Boyd, Resident Physician at the Lunatic Asylum at Wells, who had also sent him a photograph of a patient now in the Asylum having a similar deformity of the right arm, (shortening and contraction), but in whose case the left side of the cranium was flattened. This photograph Dr. Ogle exhibited to the Society. Dr. Ogle alluded to a case which he had brought before the Society on a former occasion of atrophy of one hemisphere of the brain (without any cyst) with atrophy and contraction of the opposite arm, in a boy; also to another of similar atrophy and contraction in the case of a man in whom a large cyst existed at the base of the left ventricle on the opposite side.

Mr. Henry Smith showed a

TUMOUR REMOVED FROM THE BACK.

The specimen was interesting in reference to the relation of benign and malignant growths. The patient had had a tumour on his left shoulder of thirty years' duration. It remained of the same size until eighteen months ago, when it began to increase rapidly. Mr. Smith removed it, cutting widely so as to remove the whole of the disease. Under the microscope it showed the appearances of epithelioma. Mr. Smith believed that the growth had been originally simple, and that it had been transformed by irritation. Mr. Fergusson suggested that it might originally have been a nævus.

Dr. Wilks showed a specimen of

CYST IN THE CAVITY OF THE ARACHNOID.

A young man, aged twenty-nine, who died of phthisis, was found to have what was at first thought to be a cyst contained between the layers of the dura mater. On opening it it was found to contain three to four ounces of a white fluid with much cholesterine. By a careful dissection, the dura mater was able to be torn off the upper surface, and then a perfect cyst was left occupying the cavity of the arachnoid, the upper surface adherent to the dura mater, and the lower to the brain. An opinion had existed with some that such a cyst would be formed by the organisation of lymph;

but it was shown very conclusively many years ago by Mr. Prescott Hewett (the President) that their origin was an effusion of blood. In this case there was no history of injury, but the young man had always been imbecile, and been for some years the inmate of a workhouse.

The President said that the specimen was a rare one. As a rule the cysts were not attached to the cerebral arachnoid, but there was no reason why they should not be attached. Dr. Quain had exhibited a specimen in which the cyst was found completely free.

MEDICAL NEWS.

University of London.—The following is a list of Candidates who passed the late Second M.B. Examination, 1864:—Pass Examination.—*First Division.*—Palemon Best, University College; William Carter, Charing-cross and St. Thomas's; Edward Casey, King's College; Carey Pearce Coombs, St. Mary's Hospital; Edwin Edmund Day, King's College; Thomas Marsden Edwards, Andersonian Institution; Thomas Fairbank, St. Bartholomew's Hospital; Edward Lloyd Harries Fox, University College; Charles Albert Hingston, St. Bartholomew's Hospital; John Harwood Hooper, St. Thomas's Hospital; Henry Law Kempthorne, King's College; Ebenezer Ludlow, St. Bartholomew's Hospital; Richard May Miller (B.A.), University College; John Morton, St. Thomas's Hospital; John Albert Nunneley, Leeds and Guy's Hospital; John Jones Phillips, Guy's Hospital; Walter Rickards, University College; Frederick Simms, King's College; William Frank Smith, Guy's Hospital; John Sebastian Wesley, King's College.—*Second Division.*—Frederick Pooley Edis, Westminster Hospital; James Hinds, Queen's College, Birmingham; George King, London Hospital; Shephard Thomas Taylor and Henry Willey, King's College; Thomas James Woodhouse, St. Thomas's Hospital.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary Examinations for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 17th and 18th inst., viz.:—Charles Thomas Heaven, London, of St. George's Hospital; Francis John Marshall, L.S.A., Moulton, Northamptonshire, of St. Mary's Hospital; Edward Russell Woodford, Ventnor, Isle of Wight, of University College; Henry Willson, Strand, of Charing-cross Hospital; Tudor Hora, Westbourne-terrace, of St. Mary's Hospital; Charles George Leacock, Puckeridge, Herts, of King's College; Herbert Taylor, M.D. Univ. Edin., Rutland street, of University College; James Jones, Kingston-on-Thames, of King's College; Thomas Armetriding Compton, B.A. Cantab., Christchurch, Hants, of St. Bartholomew's Hospital; Henry Thomas Ryder, L.S.A. Devonport, of Middlesex Hospital; Thomas Robinson Glynn, Liverpool, and Walter Anstie Harvey, South Petherton, Somerset, of St. Bartholomew's Hospital; Arthur Newland Anstey, Adelaide, Australia, of St. George's Hospital; Olliver Thomas Duke, Kennington, of Guy's Hospital; William Moon Rogers, Mauritius, of University College; William Ray, West square, Southwark, of Westminster Hospital; Edward Wood Forster, Newcastle; Thomas Dalton, M.D. Univ. Edin., Wigton, Cumberland; Edmund O'Leary, Tipperary; Edward Mackey, Birmingham; Alfred Octavius Grosvenor, M.D. Univ. Edin., Alsager, Cheshire; George Massy, Dublin; John Pringle Snowdon, Newcastle; Lionel Dixon Spencer, M.D. St. Andrews, Newcastle; John Moorhead McFarlan, Muiravonside, Stirlingshire; Richard Beverly Cole, M.D. Jefferson College, Philadelphia, San Francisco; John Manley, L.S.A. West Bromwich.

At a meeting of the Court of Examiners on the 18th inst., Mr. Charles Strickland (King's College), of H.M.S. *Supply*, Woolwich, passed his Examination for Naval Surgeon. This gentleman had previously been admitted a Member of the College, his Diploma bearing date December 8, 1858.

The Swiss Poisoning Case.—The acquittal of Dr. Hermann Demme, on the charge of poisoning his friend M. Trümpi, has been succeeded by a lamentable family tragedy. The local papers of this city publish the following notice:—"To Friends and Acquaintances.—The startling intelligence has reached us that, in accordance with a farewell letter, Dr. Hermann Demme and his bride Flora, allied in faithful love, have sought and found a common grave in the depths of the Lake of Geneva. May enmity be struck dumb at this news, but friendship offer silent sympathy to our sorrow.—The Demme Family."—The following further details have since transpired:—Rumours of the most extraordinary character have been in circulation for the last few days on account of the mysterious disappearance of Dr. Hermann Demme, acquitted a few days ago at the Court of Assizes, and his bride, Mdlle. Flora Trümpi, who after their betrothal had encountered some slight obstacles as to matters of form. The young pair suddenly, and, it is said, without the knowledge or approval of their relatives, undertook a journey to Freiburg, Bulle, Vivis, and Ouchy, up to which last place the most zealous search succeeded in tracing them, and where unfortunately the corpses of these two young people who had sought death together, after leaving a letter announcing their intention, were drawn from the depths of the lake. Very strange rumours are current respecting the cause of the journey. It appears to have been undertaken by Dr. Demme and his bride without any pecuniary means. From Bulle, which they reached in a carriage, they seem to have proceeded on foot, and their boots, especially those of the young lady, are said to have been torn and damaged, the last six hours' distance of the way having been performed over bad roads in rainy weather. It may easily be supposed that such a termination to the terrible drama which has so recently occupied a large share of public attention and interest has plunged the whole town in the greatest consternation and excitement, and that sympathy for the family of the unfortunate sufferers is general and deep.

The Advertising Quacks.—A hospital surgeon, writing to the 'Times,' relates the following case, which is only a sample of many others:—"A young officer, scarcely of age, was entrapped into giving bills to the amount of 4,000*l.* to an advertising quack. By my recommendation he went to a lawyer, who succeeded in reducing the sum to 200*l.* A second victim gave in hard cash 1,000*l.* for a single prescription; a third, after paying 900*l.* for the same, determined to suspend the remaining 100*l.* until he had consulted me to ascertain his cure. The most incredible part of the whole is, that there was nothing at all the matter with either of these patients except the mental excitement which these miscreants produced, an excitement which I have known in many instances to end in a lunatic asylum. I have often tried to persuade the sufferers to face the charge, but without success, the dread of publicity being so unconquerable."

MARRIAGE.

Cranswick—Fraser.—On the 17th inst., at St. Pancras Church, William Noad Cranswick, of South place, Camberwell New road, S., to Emma, second daughter of G. Fraser, Esq., of Camden town.

APPOINTMENTS FOR THE WEEK.

Wednesday, Nov. 30.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. Greenwood, "On the Nature and Treatment of Cholera in the Collapsed State."—Mr. Hinton, "On certain Forms of Obstruction of the Eustachian Tube and their Treatment."

Thursday, Dec. 1.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society, 8 p.m.—Dr. Grailly Hewitt, "On the Inflexions of the Uterus and their Treatment."

Friday, Dec. 2.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London.—Mr. E. B. Brodhurst, "On Bony Anchylosis."

Saturday, Dec. 3.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College

Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

MONDAY, DEC. 5.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 6.—*Operations* at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Manual of Materia Medica and Therapeutics. By Drs. Royle and Headland. Fourth Edition. London : John Churchill and Sons, New Burlington street.

On Enuresis and Diabetes. By W. Abbotts Smith, M.D., M.R.C.P., &c. Third Edition. London : H. K. Lewis, Gower street North,

On Some Points connected with the Pathology, Diagnosis, and Treatment of Fibrous Tumours of the Womb. By C. H. F. Routh, M.D. Lond. London : T. Richards, Great Queen street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

MR. NOWELL STOWERS.—The list is inserted, and the cause has our best wishes.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

	£	s.	d.
J. F. Moreton, Esq., Great Boughton . .	0	10	6
Dr. T. P. Parker, Sunderland	0	10	6
Wm. Kimbell, Esq., Solihull	0	5	0
Amount previously announced . .	102	1	6
Received at the 'Lancet' Office . .	6	14	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Nov. 23, 1864.

THE OBSTETRICAL SOCIETY.—The report has been received.

MR. THOMAS BEBBINGTON, *Liverpool.*—We believe that there are no better tonic and chalybeate waters in England than those of Tunbridge Wells.

DR. KIDD'S communication "On the Use of Chloroform in Dentistry and Dental Operations" will appear next week.

X. Y.—A person with the qualification alluded to has no right to append M.D. to his name, nor is he legally a physician.

THE HARVEIAN SOCIETY.—The report and notice have been received.

PHARMACEUTIST.—It would appear, from an article in the 'Chemical News,' that the bromide of potassium is sometimes adulterated with iodide of potassium, iodine being cheaper than bromine. Mr. Fewtrell, the writer of the article, states that he procured a sample of what professed to be French bromide of potassium, but on qualitative analysis he ascertained the presence of a considerable proportion of iodine, and quantitative analysis showed that the amount present corresponded to 20 per cent. of iodide of potassium. A solution of the bromide of potassium mixed with a little starch should not exhibit any blue colour on the addition of solution of chlorine.

MR. RICHARD GRIFFIN.—The letter is inserted.

DR. H.—The letter is received with thanks, and we will make use of the information it contains.

TYRO.—Study German by all means ; it is quite as necessary as French if you wish to make yourself acquainted with the modern progress of histology and pathology. Flugel's dictionary is one of the best you can consult, but we should advise you to have a few lessons in the language, as the construction is difficult.

A CONSTANT READER.—We are flattered by your commendations, but we feel we have done only our duty in the matter.

DR. KIDD'S letter has been received.

Salmon, Ody, and Co. most respectfully inform the Public that their PATENT SELF-ADJUSTING TRUSSES are found to answer the purpose with more Ease and Security than any other Invention, requiring no under-strap or any galling Bandage. Persons in the country are requested to send the circumference of the body one inch below the hips, and to observe that "Salmon, Ody, and Co." is stamped upon the leather case. A female attends by appointment.
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TESTIMONIALS.

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"I have seen and made use of your DOUBLE-ACTION SYRINGE, and think very highly of it.—WM. FERGUSSON, Professor of Surgery at King's College, and Surgeon to the Hospital."

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In the late Chancery suit, many eminent London Physicians and Surgeons of long standing in the Profession, and who hold public appointments, made affidavits to the fact that they had extensively prescribed "Freeman's Chlorodyne"; "had used it in comparison with Dr. J. Collis Browne's Chlorodyne; had carefully noted the effects of each, and preferred Freeman's, as being a more certain and reliable preparation, stating in particular that they had not found it to produce headache." It is offered to the Profession and the Trade as the best preparation of the kind, and at a price which allows the poorest sufferer to enjoy its beneficial effects, and to deserve the name of a "wonderful, though cheap medicine." Full and explicit directions for use, and a sheet of Medical Testimonials, with each bottle.

N.B.—The Chancery Court printed copies of the above affidavits may be seen at R. F.'s address.

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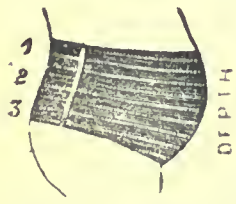

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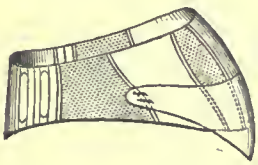

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

NOTES FROM PRIVATE PRACTICE.

By Dr. G. de Gorrequer Griffith,

Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician at the Royal Small Arms Factory and at the Royal Military Clothing Depôt, Pimlico.

A Case of Rupture of the Amnial Sac at about the Sixth Month of Pregnancy; No Untoward Interruption in the Process of Gestation; Completion of the Full Time; Delivery; Birth of a Living Child.

Mrs. J—— came to consult me about a profuse leucorrhœal discharge from which she was suffering, and which, for a great many months, had occasioned her very much uneasiness and distress, and precluded the possibility of connexion with her husband, both on account of the excoriation and consequent soreness which had resulted to herself from the constant draining away of the discharge, and because her husband suffered from urethritis after each time that he had been with her. On examination, the inside of the thighs were seen to bear traces of irritation and excoriation, no doubt from the contact of the acrid vaginal discharge; the vulva were swollen and red, not alone externally, but also on their inner surfaces, as was evident as soon as they were separated; the labia minora were likewise in the same state, and part of the vagina itself was of a bright red hue, indicative of acute and active inflammation, or, at least, of a condition closely bordering upon it. Besides these lesions, there were rectocele and cystocele; the tumour formed by the prolapsed bowel being of a bright scarlet tint, while that resulting from the slipping down of the bladder was of the colour which obtains when the mucous lining of the vagina and the other tissues composing that canal are in a normal condition.

When I essayed to introduce the finger, in order to ascertain the state of the vagina higher up than those parts of it which I have already described, and also for the purpose of detecting any deviation from health on the part of the womb, I found the finger arrested by the os uteri, at about two inches from the vaginal orifice. The womb was prolapsed, and the patient told me, that sometimes it would come down so low as to appear at the lips of the passage, and prevent her walking, owing to the pain occasioned by every movement of the thighs. Separating the labia well, I got a view of the os and cervix uteri as they lay in their low and misplaced position; the former was much wider than it should be, and was patulous; its lips were thickened and hardened, and were quite granular; the cervix was hard, but was not elongated; the entire womb was very movable, and seemed to be scarcely at all held in its place by the ligaments peculiar to it. From the os could be very distinctly seen to issue the glairy, tenacious leucorrhœal discharge, not altogether of a milky white colour, but at times quite pellucid. This excretion I noticed to be influenced, as to the manner and quantity in which was poured out, by the acts of respiration; on separating the vaginal walls it could be seen trickling from the os, or coming away in a gush as it did sometimes, especially when the patient would bear down or make any straining efforts; thus confirming her own description that, when she strained, the discharge rushed from her.

The history of the case is as follows:—The patient is of a dark complexion and is very pale, the pallor being of that peculiar character indicating its cause—loss of blood; not alone the face, but the entire of the integumental surface being quite bleached; in years she is about thirty-two, and is the mother of eight children, of whom five are living; since the birth of her last child she had a miscarriage, the mishap occurring at about the eighth week of pregnancy. Upon this occasion she lost a great quantity of blood.

I would here observe, that she states "the parts" (meaning the womb &c.) at the time the miscarriage took place were in the condition which now exists. There is no doubt but that this abnormal condition was the very cause of her not going to the full period of pregnancy, since she had met with no accident and knew of no reason for the occurrence.

When pregnant with her last child and about six months and a fortnight advanced, she fell over a broom-handle in which her foot had caught, and, unable to sustain her weight on her hands and arms, she came upon the abdomen, prominent with the child she was carrying; she felt as though her inside had burst and as if all her bowels were gushing away from her; she distinctly heard something crack as she fell against the ground; the sensations I have just mentioned supervened; she fainted, and remained insensible for an hour or even more. On awaking she found that the waters had broken (I use her own language), and had discharged themselves copiously, both upon the floor where she had fallen and into the bed to which she had been removed, and where she was now lying. They continued to drain away till 5 a.m. of the day following the accident. The hour at which she had fallen was about 8½ p.m. . . .

Before this occurrence she was large in the family way; not larger, however, than she had been at the same period in her previous pregnancies; but on the day after the accident and on which the dribbling away of the waters had ceased, she "was so flat, that she had no appearance of being with child."

For three consecutive weeks following the injury she had sustained, she was unable to walk about or even to stand up; and when there was any necessity for her being moved, the attendants were obliged to lift her in their arms, so utterly powerless was she from the waist downwards—so powerless indeed, that she seemed paralysed; moreover, when she stood upright, she felt a dead weight in the stomach and a very severe pain in the lower part of the abdomen, especially in the vesical region, "as if the child fell down against it" by the force of gravitation. During these three weeks "the waters again collected;" that is, the sac of the amnion was refilled, and at the expiration of that time she was able to get up from her bed and to walk about her room, but could not manage to go up and down stairs—even with assistance—without feeling great difficulty, as the limbs continued to be feeble.

She went to her full time, and, when it was accomplished, was delivered of a rather large female child. She had a very "hard labour;" the process of parturiency was tedious, she having been in pain from Thursday at about 3 p.m. to the same hour on the following Saturday. All Thursday she had severe pains in the back and in the abdomen: on Friday, at 9 a.m., she got true bearing-down pains: at 2½ p.m. on the Saturday, the "waters broke," and about as much as usual was discharged: at 3 p.m. the child was born.

From the time of the accident up to that of parturiency she had constant pain in the back and thighs, as also in the abdomen; there was also present great difficulty in passing water; nor did the partial paralysis of the lower extremities disappear till the birth of the fœtus was accomplished.

HOSPITAL REPORTS.

By Dr. G. de Gorrequer Griffith.

KING'S COLLEGE.

(Operations by Mr. Fergusson.)

We have already, in one of our recent numbers, given some of the cases operated upon on the Saturday on which we were present, and we now continue our enumeration of cases:—

Case V.—*Fibrous or Fibroid Tumour of the Breast occurring in a Young Female.*—The patient was a young and, but for this abnormal growth, healthy woman. The tumour engaged the left mamma and gave it a fulness

other than should have obtained, but not to such an extent as might be anticipated.

The history attached to the case is as follows:—The tumour was only noticed to have commenced about four months since; and no cause of origin could be assigned, no blow or accident having been met with by the patient. Though the growth was noticed only as recently as mentioned, Mr. Fergusson thinks that its origin must date farther back, and that rapid growth had taken place from the time specified by the patient, development having been up to that period going on at a very much slower rate—so slowly, in fact, as not to be noticeable.

The incision necessary for removal was begun on the outer and upper side of the breast, and was then extended from above and outside downwards and inwards across the mamma, but altogether above the nipple, in order not to injure that organ. The integuments of the tumour having been thus cut through, and the tumour itself reached, its dissection from the bed in which it lay was commenced, the fingers being used, at this stage of the operation, for the seizure of the tumour in order that it might be isolated from the adjoining structures and torn from its berth as the dissection proceeded. When the blood began to be poured out, and the tumour, consequently, became slippery, so that it could not be held by the fingers, Mr. Fergusson seized it with a vulsellum forceps—the same as he uses in his operations for the removal of tumours of the superior maxilla, or of the maxilla itself—and, having thus gained a good purchase, he completely excised the mass, partly by means of evulsion with the forceps and partly with the help of the knife, by which the structures were cut through when they did not yield to the evulsive force. In this way, the great bulk of the tumour was removed; when it was so, Mr. Fergusson carefully examined the wound, and in order to make sure that none of the abnormal mass should be allowed to remain, and perhaps give rise to a return of the affection, he cut away several small pieces of tissue which he considered to be either parts of the tumour or allied to it in character. The nipple was untouched, and the mammary gland interfered with as little as could possibly be helped. Upon these last points Mr. Fergusson lays great emphasis, more especially if the patient—as in this instance—be young and unmarried.

When the tumour and all the growths at all similar to it had been excised, the lips of the wound were brought together and kept in apposition by means of silk sutures; over these—that is, upon the wound—were laid pads of lint, which were kept in their place by strips of adhesive plaster, and by the turns of a wide calico roller, passed round the chest and then brought over the shoulders.

Tumours similar to that now removed, it was observed by Mr. Fergusson, were sometimes called mammary sarcoma. The growth is generally isolated; so that it may be termed a tumour in the breast rather than of it; and that, too, irrespective of its size. In this instance it was, however, adherent to all the structures by which it was surrounded, and hence the difficulty, comparatively speaking, attendant upon its removal. When it admits of isolation it can be readily turned out, and in the same manner as Mr. Fergusson adopts for the removal of simple or benign wens. The growth may attain large dimensions and yet the breast be wholly disengaged, so that it can be left intact when the amputation is being effected.

There were no evidences whatever that the tumour was of malignant character; it had not the peculiar stony hardness, being somewhat soft and elastic to the touch; moreover, it was more or less irregular and nodulated, and altogether wanting in that distinctly circumscribed margin which is so pathognomonic of cancerous disease; also, as we have before stated, it was external to the mammary gland; whereas the malignant growth would occupy more or less of that organ. There certainly was not that great mobility which we should look for in the case of benign growths, yet it could not be said that immobility existed; nor were the axillary, the supra-clavian, nor the cervical glands at all enlarged; the pain attendant was of a neuralgic kind and had none of the lancinating which is experienced in the cancer-tumour; the nipple was prominent and perfectly free; the skin was of its natural colour, had no enlarged veins coursing through it, as is the manner when scirrhus exists, was not brawny, smoothened, or leatherlike, and could easily be gathered into folds. No cachexy obtained.

Mr. Fergusson was anxious in the present operation not to interfere with the integrity of the breast, or, at most, only to remove that portion which was adherent to the fibrous mass. It is by no means easy to distinguish the breast-gland from the abnormal growth by the sensation communicated when we are cutting through either structure. The gland is, however, generally softer, the tumour being of a firmer consistence and consequently harder.

Mr. Fergusson called attention to the facts that the tumour was isolated from the mamma by the ordinary cellular tissue of the breast, that a cyst lay imbedded in the tumour, and that this cyst as it grew larger would, no doubt, give rise to a new action in the breast, which would occasion in the growth a complication by no means favourable to the patient.

When a cyst arises, or when a number of cysts exist in the breast, the terms "cystic tumour of the breast," and "cysto-sarcoma" are used to designate the altered condition of parts. Moreover, these developments may be of a simple, that is, of a benign nature; or they may have a malignant action and be cancerous. Sometimes a cystic tumour may be composed of one unilocular cyst; at other times there may be several of these unilocular cysts in the one tumour; or, again, a cystic-sarcomatous condition may exist in which to a growth very closely allied to the chronic mammary tumour these cysts are superadded.

Case VI.—*Epithelioma of the Lip.*—The patient was an old man. The disease existed on the right side of the lower lip. An operation had been performed upon him before, and all the diseased structures seemed at the time to have been removed; but he had been warned that the affection might return in the cicatrix, and that he should present himself again at the hospital as soon as there was any, even the slightest, trace of the morbid action having been renewed. As had been anticipated, the disease did take on renewed action; the man returned to the hospital and the removal of the diseased part was effected.

Case VII.—*Mother's Mark of the entire of the Left Side of the Face causing an Undue Fullness of the Left Side of the Upper Lip, whereby the Lip was made very Pendulous and the Mouth rendered very Unsightly.*—The mucous membrane of the lip was in this case very lax on the side affected, and hung down below the level of the sound side to such an extent as to form a vascular tumour.

When the probability of hæmorrhage from the coronary arteries was prevented by compression, a somewhat wedge-shaped piece of the mucous membrane of the lip and of the vascular growth was excised; the resulting wound was then brought together by means of silk sutures. There was no hæmorrhage; and Mr. Fergusson took occasion to comment upon this, and to point out the error of the generally-received notion that to cut into such vascular growths was to run the risk of having frightful bleeding, and such as for its control might require the ligation of the main vessel which supplied the blood; or, being uncontrollable, would only cease with the life of the individual. Mr. Fergusson also drew attention to the amount of blood lost in the case of epithelioma upon which he had operated, and in the instance which we are now considering, being in the former profuse when compared with the latter.

The entire side of the face was occupied with the nævus, and was fuller and larger than the unaffected side; the lip was so much swollen that it might be considered to be dilated into a tumour, the result of an aneurism by anastomosis. The size of the lip was very much diminished when the wedge-shaped piece was taken out.

We would here observe, that the peculiarity of this operation was, that the incisions were made into the nævus, instead of external to it; that such a mode of treatment is a peculiarity on the part of Mr. Fergusson, and is opposed to the views of all writers upon the subject of the affection to which this patient was obnoxious; and to none more so than to those of Bell.

Mr. Fergusson stated that he had, fifteen years ago, demonstrated that there was less bleeding from these structures when cut into than from ordinary tissues.

CASE VIII.—*Complete Fistula in Ano accompanied by Stricture of the Sphincter Ani.*—The patient was a young woman, of dark complexion. The present affection was the result of inflammation and abscess in the perinæum, to which supervened sinuses, which latter could not heal up, partly on account of the low state of health into which the woman fell and partly because of the abnormal condition of the sphincter, which was tightly contracted.

On her admission into the hospital the health was in a very weakly, delicate condition, so that no operation could be put into practice; it had, however, been very greatly improved and raised to its present standard by the rest she had obtained, as well as by the good food regularly supplied in quantities sufficient to the wants of the constitution.

A probe was first passed into the sinuous openings, in order to ascertain their communication with the bowel and the manner of that communication. When these particulars were fully made out, a straight bistoury was employed for the purpose of opening the sinuses or fistulæ; and, as the integument of the buttock was a good deal undermined, it was freely laid open, so as to allow of the cavities beneath healing by granulation rapidly and completely.

The constriction in the bowel was situated at about an inch and a half from the anus. As it was very tight and non-malignant, the forefinger of the left hand was passed through, and with the bistoury before employed the constringed part of the bowel was freely notched until it was entirely liberated. The finger was then pushed through it several times in order to still further dilate it, which it did most effectually.

The sinuses when incised had passed into them pledgets of lint to keep the lips of the wound apart, and the same plan of treatment was adopted with respect to the wound resulting from the division of the skin of the buttock which had been undermined. Dry lint was then placed between the buttocks, and all the dressing was kept in its place by means of a perinæal bandage.

LEGAL INTELLIGENCE.

COURT OF EXCHEQUER.—THURSDAY, DEC. 1ST.

(Sittings at Nisi Prius, at Westminster, before Mr. Baron MARTIN *and a Special Jury.*

WRIGHT (AN INFANT) *v.* DAVIES.

Mr. Day and Mr. T. E. Holland were counsel for the plaintiff; and Mr. Serjeant Ballantine and Mr. Henry James appeared for the defendant.

The action was brought by an infant seven months old, by his next friend, his father, against the defendant, a surgeon, practising in Surrey, for unskilfully treating him for a disease of the left eye (a disease known as purulent ophthalmia), by which the child lost the sight of it.

After Mr. Day had opened the case for the plaintiff,

Bessie Wright was called, and said: I am the mother of the plaintiff, and live at Blackwater. I was confined in May last of a boy; five days afterwards I noticed that his eyes looked very red, and I thought he had taken cold. The nurse bathed them with milk-and-water. I afterwards sent my servant down to the defendant, who had attended me in my confinement, and she brought back a lotion of a pale pink colour. I applied it as directed on the label. The bottle was afterwards taken away by the defendant. It was the first time he called to see the child's eyes. It was the 16th or 17th of the month. He looked at the baby, and said the eyes looked very red, and asked if we had had anything for them. I said I had sent to the surgery and had a lotion, which he asked to see, and the nurse gave it him. He said, "This is wrong. I will send you drops, which you must put into the eye with a quill," and he then put the bottle of lotion into his pocket, and took it away with him. Only the left eye was then affected. He missed a day, and when he came again he found them much worse, and ordered the drops to be used twice a day, instead of once. About this time the other eye was taken bad. He called for the third time on the 19th of the month. The same treatment was continued. On the 26th the defendant altered the treatment, or rather it was his assistant. He brought with him a box of ointment. No one ever used it except the defendant and his assistant. They put small pieces of ointment into the eye with an instrument they brought with them. I asked how the child was, when the defendant said that one eye was gone. I asked him if he meant to say the child was blind. He said, "Not entirely so: Nature would do a good deal for it: art," or he, I forget which, "could do no more." He said it was a very common case. I said, "What, common for children to be blind?" He said he had lost several patients' eyes, and in one case a child had lost both eyes. About an hour afterwards a Medical man named Maybury called on business. I asked him if he would come upstairs and see the child. He wished to go away without saying anything, but I begged of him in charity and mercy to tell me if the defendant was doing right. He said if Mr. Davies was in the room he should say what he said now, that the child had been shamefully used, and what the child wanted was a lotion. I sent over the next day to Mr. Maybury and obtained the lotion. I used it all day and night of the following day. The defendant's assistant called on the day I had the lotion, and used the ointment again. On the following day the defendant came, but I would not allow him to use the ointment. I said, "If it be used again I will use it myself." He opened the left eye, which I thought had burst, and said, "This will be better than I thought it; the child will be able to see with the lower part of it." On the right eye he said there was a film which the ointment would assist in removing. I asked if there was any danger to the right eye, and he said "None whatever." The next day was Tuesday, and I sent the child to Mr. Alexander in London. He prescribed a lotion to be used with a syringe. I afterwards called in Dr. Diver. Mr. Alexander said I must take the child every day to save the right eye, but the distance was too great and I took him to Dr. Diver. The right eye is perfectly cured.

Cross-examined by Mr. Serjeant Ballantine: Mr. Maybury lives at Frimley. He came to see my husband on business. Frimley is two miles from us. The defendant attended me in both my confinements. I was in a perfect state of health until I was confined. I don't know that I had been suffering from leucorrhœa. The defendant did not say that it was ophthalmia, but he said it arose from the mother suffering from leucorrhœa during pregnancy, and that it was a very common thing. The eyes were very red, and I thought the child had a cold. I sent a message for the defendant to see the child as soon as he could. Upon the first occasion he came to see me. I don't mean to represent anything. I only mean to say that the defendant put the bottle in his pocket and took it away. I mean to adhere to that statement. I mentioned it to my nurse and my husband. The defendant sent no other lotions, but drops. He did not say the eye must be kept clean, nor washed constantly. He said nothing beyond he would send drops. He did not say that oil ought to be put to the eyelids to prevent them from gluing together. Neither oil nor washing were ever mentioned. He never said that the way the nurse was keeping the child was abominable: if he had, I would have put the nurse out of the house. On the second time he called, the child could not open his eyes. The defendant did not come until five days after I sent for him. The eyes were very bad when he came, and there was a great discharge from them. The nurse kept them perfectly clean on the outside. I never opened them. The child could not open them, and I would not let them be opened. There was a deal of matter in the eye. I knew that, but the defendant never said they were to be opened. I made no complaint to the defendant of his treatment, until Mr. Maybury had said that the child had been most scandalously treated. Mr. Maybury did not say that many of his patients had lost their eyes from the same cause. I did not consider Mr. Maybury was in attendance, but treated his attendance as a favour to me. I never

opened the eyes until Mr. Maybury told me to do so. I only upon prior occasions had bathed the outside. I opened the eyes to drop the drops in. The defendant had shown us how to do it, but from the time of using the drops until the drops were used again they were not opened. A great quantity of matter came out when the eyes were opened.

Re-examined by Mr. Day: The nurse applied the first bottle. When we put in the drops the nurse opened the eyes and my husband used the drops. I went into the office and saw Mr. Maybury, who wanted to see my husband. Mr. Maybury said I looked ill, and I said I was worse than that, for I feared that I had a child upstairs going blind, and then begged of him to go upstairs and see it, and he did so. No one advised me to go to Mr. Alexander. When the baby shrieked at the ointment being used, the defendant's assistant said the box contained twenty grains of mercury.

The nurse was next called, and stated that the child's eyes were red and discharging five days after its birth, and she applied the lotion sent by the defendant by washing the eye with a bit of lint damped with the lotion. The left eye was then getting very bad. The right one was all right. When the defendant came he asked where the bottle was, and, having found it, put it into his pocket. The drops sent seemed to do but little good, as the eye still remained very bad. The defendant's assistant applied the ointment. She took the child to Mr. Alexander, and followed out the instructions he had given to her. She had done all she could to carry out the instructions of the doctors. The child's sufferings were intense. Upon cross-examination she said she had seen the disease before, but never so virulent as the attack the baby suffered from. She had not washed the eyes internally because she had received no instructions to do so.

The plaintiff's father was next examined, and said that he had delivered a bottle and a box to the managing clerk of his attorneys. He had put the drops in his infant's eye according to the directions given.

Mr. Alexander, the oculist, of London, said he recollected a child being brought to him with bad eyes; one eye he thought had gone, and the other was in a very precarious state. He was acquainted with a disease known as infantile ophthalmia. It was necessary to keep the eyes clean, and to use some mild astringent, and syringe the eye every three or four hours—of course all would be regulated by the nature of the case. Syringing would be often if there was much discharge. He generally used alum and sulphate of zinc; sulphate of copper sometimes. These were to be used as a lotion in a diluted form.

Cross-examined: The prescription put before him was his own, and was for sulphate of zinc and alum. Sometimes he used them together, and sometimes separately. The disease oftener than not arose from the mother having leucorrhœa, during her confinement. It may occur without any leucorrhœa. According to the poison with which the child was inffected the disease varied. It was a very common thing for children to have an inflammation of the eye not traceable to any cause, and which yielded to a slight treatment. It would be difficult to say whether the inflammation arose from cold or poison, but the remedy would be the same in both cases; ten grains of tincture of zinc, one drachm of opium, and three ounces of water, he should say, was a very good astringent, and one adapted to the case. In a more advanced case four grains of sulphate of copper to two drachms of water would be rather potent. A man actually seeing the case would be the best judge as to the potency of the remedy to be used. He knew Guthrie's ointment. Guthrie always recommended it in cases like the present. It was composed of nitrate of silver and spermaceti. Cleanliness was absolutely necessary. Pus secreting within the lids would be detrimental to the eye. It should be constantly cleansed with warm water The eye should be thoroughly cleansed externally as well as internally.

Upon re-examination, the witness said that in his opinion Guthrie's ointment was not so much used as formerly. The first prescription ought to be applied every three or four hours if the discharge was great. The second prescription would probably be used by dropping it into the eye with a camel's hair brush two or three times in twenty-four hours.

Dr. Diver, of Yately, was next called, and said that he saw the child upon two occasions, and examined the left eye, which was very bad, and the right eye was in an ulcerated condition, and remained so for nearly a fortnight. He used a lotion, composed of extract of belladonna and water, to be applied with an equal quantity of water, the lids to be held open and the liquid squeezed into the eyes. He quite agreed with the mode of treatment prescribed by Mr. Alexander. The disease produced the ulcerated condition of the eye. The disease was a common one among infants, and generally yielded to treatment.

In cross-examination, he said the disease often arose from the state of the mother, and the intensity of the disease depended upon the nature of the poison with which the child was infected. Leucorrhœa varied much in its character. Cleanliness was the most essential thing in such a disease as that the infant suffered from.

Mr. Maybury, of Frimley, stated he first saw the child on the 28th of May, and he did so at the earnest solicitation of Mrs. Wright. The eyes were extremely swollen, and a discharge was issuing from them. He did not see the inside of the eyes, as opening them would have tortured the child. He refused to interfere, but at the mother's request he sent two scruples of sulphate of alumina and potash in six ounces of distilled water, and directed it to be injected into the eyes, syringing out the matter every half-hour until the eyes were thoroughly cleansed of the matter. Loss of an eye did not frequently occur if prompt and continued treatment were adopted. At the Ophthalmic Hospital he never knew of a loss of vision follow an attack of the disease unless the child was brought there with the vision already impaired.

When cross-examined, the witness said that he had often used the lotion every ten minutes. The treatment he found fault with was in leaving the eye with matter within it, which would in a short time be destructive to its vision. He did say that the treatment was scandalous, but he did not mean by that that the defendant was a scandalous man.

Dr. Jones, of London, was next examined, and said he had met with the disease, but had not lost a patient's eye from it. It was necessary to keep the eye clean, and use very mild astringent lotions with a syringe. He thought the second prescription of the defendant stronger than he would have given to an infant of the plaintiff's age.

This was the plaintiff's case.

Baron Martin inquired of Mr. Day what the case was.

Mr. Day said that the cross-examination of the learned Serjeant had extracted from the various witnesses that cleaning out of the eye and cleanliness were absolutely necessary to prevent the injury which had been brought about, and it was proved by Mrs. Wright and the nurse that the defendant had given no instructions to have the eye cleansed, and there was a *primâ facie* case of negligence against the defendant to go to the jury.

Baron Martin: Well, perhaps I ought not to say there is no evidence of negligence. We had better hear my brother Ballantine.

Mr. Serjeant Ballantine: Perhaps, under all the circumstances of the case, it would be advisable to adjourn till to-morrow. (It now wanted a few minutes to five o'clock.)

The jury manifested some impatience and wished the case to go on.

Baron Martin said: If it be your wish that the case should go on, be it so.

Mr. Serjeant Ballantine: I have many witnesses of high Medical standing to call, and the defendant's case will necessarily last some time.

Baron Martin: The jury have expressed a wish to hear you.

Mr. Serjeant Ballantine: May it please your Lordship, gentlemen of the jury,—the defendant, Mr. Davies, feels that his professional reputation is at stake——

Baron Martin: If you put the case upon so high a ground

it is only fair to him that we should begin again to-morrow morning and hear the case fully out.

The jury: We are pretty well agreed.

After the lapse of a few minutes, one of the jury inquired whether it would be possible for any person to cleanse the eye without a syringe.

Mr. Maybury: I will answer that question. (Laughter.)

Mr. Serjeant Ballantine: Pray don't trouble yourself. Anybody but you. I am content that any other Medical witness called by the other side should be appealed to.

Mr. Alexander and Dr. Diver were then called, but both those gentlemen were gone. Dr. Jones then had the question put to him, and he answered that in his opinion the pus or matter could only have been removed by a syringe.

Mr. Serjeant Ballantine then read a passage from a Medical work to the effect that syringing the eye with an astringent lotion was calculated to produce inflammation, and that the safer course was to cleanse the eye with a sponge and warm water.

Dr. Jones was tken asked by the learned serjeant if he agreed with that.

The doctor answered affirmatively; and the jury, after a short deliberation, found a verdict for the defendant.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 22nd, 1864.
Richard Partridge, F.R.S., President.

Dr. Nunneley read a paper

ON VASCULAR PROTRUSION OF THE EYEBALL: BEING A SECOND SERIES OF THREE CASES AND TWO POST-MORTEM EXAMINATIONS OF SO-CALLED ANEURISM BY ANASTOMOSIS OF THE ORBIT; WITH SOME OBSERVATIONS ON THE AFFECTION.

The author began by referring to the first series of four cases of this uncommon affection published in the forty-second volume of the Society's 'Transactions'; and suggested that, as these cases (like the three which form the subject of the present communication, and especially the results of the post-mortem examinations of the two patients who died long subsequent to deligation of the carotid artery, the particulars of which he was about to relate) proved the opinion so long entertained of the nature of the affection—aneurism by anastomosis of the orbit—to be incorrect, the name of it should be altered; and he suggested that of "vascular protrusion of the eyeball," as more in accordance with its true character. The first of this second series of cases was of traumatic origin; it occurred in a man who was thrown from his horse. There were very decided symptoms of fracture of the base of the skull. In a few days after the accident the left eyeball began to protrude, and to exhibit all the symptoms characteristic of the disease. Five weeks after the accident, as the patient was getting worse, and there was fear of the eyeball sloughing, the common carotid artery of the same side was tied. The patient speedily and completely recovered, and now (eighteen months after the operation) remains well. The second case was of spontaneous origin, in a woman aged forty-seven. It occurred suddenly soon after she got out of bed. It had existed ten months. Beyond rest and cold lotions, very little treatment had been submitted to. It occasioned considerable distress, and incapacitated her from much work, as all exertion increased the suffering. It was probable that before long she would have to submit to more active means. The third case was also spontaneous in its origin. For a long time the true cause of it was very obscure. The protrusion of the globe was excessive. Although ligature of the carotid (which was resorted to) was successful in arresting the protrusion of the eye, owing to other tumours which the patient suffered from, his health continued to decline, and he died exhausted eighteen months after the operation. The eyeball had collapsed, and had given no further trouble. For some time before the patient's death the disease was known to be malignant. A post-mortem examination revealed a tumour enveloped in the cavernous sinus, pressing upon the ophthalmic vein, and passing into the orbit and the zygomatic fossa. Another tumour, which also during life had been pulsating, passed through an opening in the right parietal bone on to the brain. A large tumour projected externally from the sternum, and also into the cavity of the chest. The thyroid was a large mass of malignant degeneration. The second post-mortem examination was of the body of Mrs. J——, whose case was reported in the first series of cases. She died upwards of five years after the operation had been performed, since which, until a few days before her death, she had generally been in good health. The fatal disorder was thought to be acute bronchitis: she suddenly became comatose, and died soon afterwards. The entire brain was found to be small; and the anterior lobe of the cerebrum on the side in which the carotid had been tied was considerably smaller than that of the other side. This condition, however, the author thought could hardly be attributed to the ligature of the vessel, for which he gave his reasons. On the side of the sella turcica, just as the ophthalmic artery was given off from the carotid, was found a circumscribed aneurism, filled with a solid coagulum, which pressed upon the ophthalmic vein, and thus occasioned the protrusion of the eyeball. The author thought these seven cases and the three post-mortem examinations satisfactorily showed the true cause of the ocular protrusion to be pressure upon the post-ocular veins, which interfered with the free return of blood from the eye and orbit. He contended that usually there was no disease whatever in the orbit itself, the condition of the parts in it being merely passive, as a swollen limb is below a large popliteal or axillary aneurism; and that though a circumscribed aneurism, as in most sudden cases of spontaneous origin, or a diffused aneurism from rupture of a blood-vessel in traumatic cases, was the most common cause of the development of the affection, this was by no means a necessary condition for the existence of it. He believed that it might be induced by anything which causes pressure upon the ophthalmic veins or difficulty in the return of blood from them. Though in the most acute form the disease had been rarely seen, and its nature had been misunderstood, the author was inclined to think that in more chronic and much subdued degrees it was not so very uncommon. He considered that in many cases of protruded eyeballs in weak and delicate persons, in those with bronchocele or cervical tumours, and where there is impeded circulation from disease of the heart (particularly of the right cavities) or of the lungs, the disease is essentially of the same character as the more acute affection, though at first sight they may appear to be very different, and certainly do require such different management.

Mr. Curling said that it was remarkable that Mr. Nunneley should have met with so many cases of an affection so rare as aneurism in the orbit, and thought that much credit was due to him for the pains he had taken in investigating these cases and in endeavouring to establish their true character. Mr. Nunneley, however, had committed a slight error in stating that no light had been thrown on the affection for forty years after the publication of Mr. Travers's case, as Mr. Busk's paper was published in the 'Transactions' of this Society twenty-five years ago. Mr. Busk tied the carotid artery for an aneurism in the orbit; and in some able remarks on the case, showed that it was not the nature of aneurism by anastomosis. The case of traumatic aneurism of the ophthalmic artery, in which Mr. Curling also tied the carotid artery with success, and a similar case which occurred to the late Mr. John Scott, both published in the 'Transactions' some years later, confirmed the views of Mr. Busk. Mr. Curling thought that Mr. Nunneley had not been happy in abandoning the designation "aneurism of the orbit," used in his first paper, and substituting "vascular protrusion of the eyeball." To class affections of very different character under one common head taken from a prominent symptom was not calculated to advance surgical pathology and practice. He had always thought that the late Mr. Stanley had committed a mistake of this nature in describing tumours of bone of different kinds under the head of "pulsating tumours." What would be thought of

classing popliteal aneurism, other tumours in the popliteal space, and diseases of the lower end of the femur obstructing the circulation, under the head of vascular œdema of the lower extremity? Yet this would not be more unreasonable than grouping aneurism in the orbit, malignant disease in this part, and certain cases of bronchocele, under the head of vascular protrusion of the eyeball. This mode of classification gives no help to treatment. If accuracy and nicety of diagnosis are to be valued, we must call diseases after their real nature. In cases of aneurism, prominence of the orbit was not the chief symptom. The heavy beat felt on placing the finger on the globe, the constant pulsation in the head so distressing to the patient, and the early destruction of vision from pressure on the optic nerve were more important symptoms; and the only treatment which could save the sight was tying the carotid artery at an early period. The importance of an accurate diagnosis was shown by Mr. Nunneley's third case, in which he had tied the carotid artery for a malignant tumour in the orbit; and without intending any reflection on the proceeding in the case in question, Mr. Curling did not suppose that Mr. Nunneley would recommend the practice in similar cases. Mr. Curling considered it better to adhere to the term which designated the disease aneurism in the orbit, whether spontaneous or traumatic.

Mr. HULKE asked if Mr. Nunneley had tried digital pressure, as cures had been recorded to have followed that simple measure.

Dr. C. J. B. WILLIAMS thought Mr. Nunneley's observations did throw a light on an affection of the eyeball which was far from uncommon. A condition of symptoms, with enlarged thyroid and throbbing of the arteries of the neck, had attracted the attention of physicians for the last thirty years. It has been described by Graves, Corrigan, and by several German physicians, and recently Dr. Begbie had written a good paper on the subject. He (Dr. Williams) had seen ten or twelve such cases. The eye symptoms were similar to those in Mr. Nunneley's cases, except that both eyes were affected. He (Dr. Williams) had taken great interest in these cases. The symptoms presented, at first glance, the appearance of organic disease, but the sequel proved that they were not, as they might be removed by treatment. In some of these cases the eyes were so protruded that vision was oblique, and the eyes could not be closed. There was also much palpitation, and great nervousness and exhaustion. Yet under treatment, especially with the sesquichloride of iron, the patients, in three or four completed observations, got quite well. He (Dr. Williams) thought the cause of the symptoms was a loss of tonicity in the arteries, but post-mortem examinations in support of this opinion were wanting. He mentioned these cases in connexion with Mr. Nunneley's as the results of treatment were most important. It shows that this class of cases would recover by simple means, without having recourse to an operation so severe as that of ligature of the carotid.

Mr. NUNNELEY said that in one case pressure had been tried for a long time with no benefit. He thought the carotid one of the most unlikely arteries for compression. Mr. Nunneley thought that Mr. Curling must have spoken from memory, and that he was not quite accurate as to dates. Then he differed entirely from Mr. Curling as to the name for the disease. He did not think the term he had brought forward was an error in nomenclature. In such cases there might be an aneurism in the head, and not in the orbit. The protrusion, again, might be the result of compression of the vessels by a tumour; indeed, it might be the result of any tumour which occasioned pressure. In reply to the remarks of Dr. C. J. B. Williams, Mr. Nunneley said that he recognised the group of cases he mentioned and their appropriate treatment by tonics. In the class of cases he (Mr. Nunneley) had described he should not think of adopting so severe a method as ligature of the carotid, unless there were urgent symptoms requiring it.

Mr. CURLING again said that Mr. Travers's case was recorded in 1811, and Mr. Busk's in 1839

Mr. MOORE rose to support Mr. Curling's recollection. Mr. Busk's paper was devoted to showing that such cases were not cases of aneurism by anastomosis, but true aneurisms.

Dr. SANKEY said that some years ago he had had under his care a case of proptosis in a case of fever. It was due to phlebitis of the cavernous sinus, and the orbit collapsed when the patient died. Dr. Sankey remarked that prominence of the globes was a symptom of the paralysis of the insane, and was due to paresis of the muscles of the globe. In those cases, however, it was equal on the two sides.

Mr. NUNNELEY said that he believed Mr. Travers's case occurred in 1804. He (Mr. Nunneley) never ventured to claim the credit of first explaining the true nature of those cases. Mr. Guthrie had not seen his patient during life, and had merely made the post-mortem examination. He (Mr. Nunneley) remarked that as the protrusion depended on causes so various, he thought a general term was safer and more applicable.

Mr. CURLING said he wished it to be understood that in endeavouring to point out what he believed to be a slight error in detail, he did not wish in any way to detract from the great merit of the paper.

Mr. HULKE maintained that pressure on the carotid could be borne; it had been carried out for long periods in a case under the care of Mr. Bowman, sometimes for twelve hours together. But the best proof was, that cases like Mr. Nunneley's had been cured by this method.

HARVEIAN SOCIETY.

NOVEMBER 17, 1864.

WILLIAM ADAMS, ESQ., F.R.C.S., PRESIDENT.

LESIONS CAUSED BY EXCESSIVE TOBACCO-SMOKING.

Dr. CHARLES DRYSDALE observed that, in a recent visit to Paris in August, he had been asked by Dr. Alphonse Fournier, at present engaged in writing an article on the effects of tobacco-smoking, in the 'New Dictionary of Medicine,' what lesions were attributed to excessive smoking by London physicians of note. He had replied that opinions varied greatly in this country, one physician of note as a pharmacologist asserting that no pathological states were caused by it, whilst another physician of great eminence stated that three well-marked diseases were frequently produced by profuse smoking—namely, palpitation of the heart, prolapse of the rectum, and impotence. Dr. Drysdale thought that profuse tobacco-smoking tended, if not counteracted by other hygienic habits and by a tough constitution, to produce several very disagreeable symptoms —*e. g.*, he had recently remarked cases of jaundice in healthy young men evidently produced by great smoking, such as three-quarters to an ounce of tobacco a day. He had also at present under his care a young man with most distressing palpitation of the heart, who had dated the commencement of his symptoms to his habit of smoking about half an ounce a day. Profuse smoking, he believed, tended to lower all the appetites, whether for exercise, food, or sex; in other words, to lower vitality, and also frequently to produce great dyspepsia, conjoined with either diarrhœa or constipation.

Mr. CURGENVEN observed that dyspepsia and palpitation of the heart were among the most common consequences of excessive smoking. A gentleman from Havannah, a patient of his, an excessive smoker, who never had a cigar out of his lips, had one day had an attack of syncope and unconsciousness, which Mr. Curgenven had traced to his having smoked many cigars on an empty stomach. He had advised him to take an early luncheon and after dinner to drink coffee. Another gentleman, a Medical friend of his, had suffered greatly from extreme nervousness and dyspepsia as long as he was in the habit of using large quantities of tobacco; on leaving this off he completely lost the symptoms.

Mr. WEEDEN COOKE observed that tobacco affected different persons very differently; some persons cannot smoke, others can. Smoking has its beneficial as well as its dele-

terious properties. It certainly had the effect of subduing strong animal passions; and parents, he thought, need not find too much fault with their sons for smoking, as it often kept their desires more easily under control. He thought, however, that a woman was quite right in insisting that her future partner should not smoke, as, besides the disagreeable effect on his breath, it lessened his powers of connexion. Many gentlemen from thirty to thirty-five years of age came to him complaining of impotence; and he had generally found that these were profuse smokers. Literary men were sometimes benefited by smoking, since the brain irritation prevented their eating; and tobacco was a sedative. He supposed tobacco, like opium, was a useful drug in some cases; but, like opium, apt to do great damage when taken in excess.

The PRESIDENT thought that excessive smoking caused nervous diseases, conjoined with dyspepsia and derangements of the functions of the liver. One cigar would prove useful often as an exciter of peristaltic action, but great smoking would derange the action of the intestines. He had seen cases of dilated pupil, and also amaurosis, which had been produced by smoking; and in a case he had lately sent to a celebrated oculist, the ophthalmoscope had enabled that gentleman to attribute the appearance of the retina to the habit of profuse smoking.

Dr. ROYSTON mentioned the case of a ship-chandler in Liverpool, an excessive smoker, who had had acute inflammation of the liver after an extraordinary bout of smoking; also the case of a clerk on the Great Western Railway, who never had the pipe out of his mouth, and who had fallen into a fit of intense prostration and died, Dr. Royston believed, in consequence of his profuse indulgence in tobacco-smoking. No post-mortem lesions were found.

Mr. JAKIN related the case of a gentleman, a great smoker, who was in good health until he left it off suddenly. He then became seriously ill; his pulse fell to 40; and on recommencing the habit of great smoking, he recovered his health.

Mr. TIMES related that a patient of his, a gentleman from the Cape, had found himself unable to smoke so much in England as at the Cape. Excessive smoking had bad effects on the brain. A young gentleman, a great smoker, had been rejected three times at an examination which his brothers had easily passed. He had frequently seen similar cases of impairment of intellect produced by excessive smoking.

(To be continued.)

CAMBRIDGE.

CAMBRIDGE PHILOSOPHICAL SOCIETY.

At a meeting of the Cambridge Philosophical Society, on Monday evening, Nov. 28, Professor Thompson in the chair, Dr. HUMPHRY made a communication on the question "Is the Vertebral Theory of the Skull to be abandoned?" This communication was intended, partly, as a reply to the opinion expressed by Professor Huxley, in his lectures on comparative anatomy, that the vertebral hypothesis of the skull has been abolished by the recent discoveries in development. Dr. Humphry commenced by calling attention to the laws of uniformity of plan, and variety in detail, which prevail throughout the animal kingdom, and, indeed, throughout the material system, and which the recent discoveries by the microscope have shown to rule over the ultimate structure and formation of all the tissues of the body. The discovery of the illustration of these laws in the plan of cell-formation of the tissues, and in the development of all animal and vegetable structure from the simple cell-form, he regarded as the grandest discovery in physical science that has taken place in our time. Of late years, the attention of anatomists has been much directed to the exemplification of these laws in the vertebrate classes, to tracing the uniformity of plan, especially in the skeleton, through the variety in detail which the members of these classes exhibit. This constitutes the branch of anatomy called "Homology." The general features of the plan upon which vertebrate animals are constructed are clear enough in all of them. Osseous segments, or vertebræ, with neural and visceral processes, enclosing respectively the neural and visceral centres, constitute the trunk, including neck, chest, loins, &c. Probability is in favour of the view propounded by Goethe and Oken, and worked out by Oken and Owen, that the skull falls in with the law of uniformity, and corresponds with the rest of the frame in having a vertebral composition. It is by all anatomists admitted to be segmentally constructed. Most anatomists are agreed as to the number of segments. Ought not, therefore, these segments to be described by the same name as those of which they form a continuation, especially as they bear the same relations to the neural and visceral centres, and the same or nearly similar relations to the nerves and blood-vessels? In their mode of development, too, the segments of the skull show a marked general correspondence with those of the trunk. The *chorda dorsalis*, around which the vertebral centres are formed, extends, at any rate, halfway along the base of the skull; and the bodies and arches of the cranial segments are evolved from a continuation of the same embryonic structure—"the vertebral plates"—as the trunk segments. The chief difference being that in the trunk segmentation takes place at an earlier period than in the head. In the trunk, it is observed in the vertebral plates; and these primitive segments are called "protovertebræ." They appear not to exist in the head. The segmentation, however, takes place in the cranium, as soon as ossification begins, even if it does not do so before; and the significance of the protovertebræ as distinctive features between the skull and the trunk is diminished; first, by their being related to the formation of the nerves as much or more than to that of the vertebræ; and, secondly, by their not really corresponding with the vertebræ, each permanent vertebra being formed by a half of two protovertebræ. Dr. Humphry expatiated on this and other points in the development of the skull, and expressed his decided opinion that the differences between the development of it and of the trunk vertebræ were by no means sufficient to controvert the view—which coincides with the law of uniformity, and which is confirmed by the segmental construction of the skull, by the relation of its components to surrounding parts, and by so many fundamental resemblances in development—that the same name may be applied to the segments of the skull and of the trunk, and that the one, as well as the other, consists of vertebræ modified to meet the requirements of the parts in which they are found. He concluded by stating that the greater number of those anatomists to whose observations we are indebted for most of our knowledge of the development of the skull and of the trunk are agreed that the differences between the mode of formation of the segments in the two form no real argument against the vertebral character of either; and he thought stronger reasons must be adduced than had yet been shown before the anatomists could be called upon to abandon the vertebral theory of the skull.

THE LAST SCENE IN THE HEREFORD SCANDAL — MORGAN *v.* LINGEN.—The Magistrate's Clerk asked Miss Morgan if she was ready with her sureties.—Miss Morgan: I have no sureties unless the magistrates give me protection from the ——, ——, &c. My life is in continual danger, and also from Gwynne James. I applied for my summons on Monday, and unless they are bound over I will rather go to prison. I was told on Saturday I could have sureties from two gentlemen.—The Mayor said they had no other alternative than to send her to prison.—Miss Morgan: I can have witnesses to prove my life is in danger. I will go to prison unless they are bound over.—Miss Morgan, who had been much excited during the whole time, now grew much worse, and repeated several strong expressions. The superintendent therefore accompanied her out. As she was leaving the witness-box she said she supposed she could fetch some things she wanted, and exclaimed, "May the bitterest curse of God descend on you and them!" and as she was passing through the door she made use of an expression which is inadmissible.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 7, 1864.

ANOTHER CASE OF PERSECUTION OF A MEDICAL MAN.

It is again our painful duty to draw attention to one of those actions against Medical men which have lately been so common, and which are consequently spreading dismay throughout the Profession. No one knows whose turn may come next, for one of these actions may fall upon anyone like a thief in the night; and whether successful or unsuccessful, the defence is attended with ruinous consequences in the shape of legal expenses, not to mention the anguish and anxiety of mind which such proceedings are always calculated to excite.

It is mortifying to reflect, that while the utmost difficulty exists in inducing persons to prosecute those pests of society, the advertising quacks, and others pretending to exercise an art of which they know nothing, the legitimate practitioner of Medicine is an easy mark for malicious or frivolous actions at law. The very nature of the practice of Medicine and Surgery, involving as it does a number of very difficult and perplexing problems, and the variety of human diseases and constitutions, and the consequent uncertainty of remedial applications, all render the professors of our art continually liable to be called upon to answer for events which they could neither anticipate nor prevent, and to argue before a jury the question of the propriety or impropriety of the treatment they may have adopted.

In all probability, the Medical man who is thus called upon to answer for his conduct is ignorant of the case intended to be made out against him; all he knows is, that he is called upon to answer something in a court of justice, and he enters blindfold into the judicial arena, not knowing what defence he is to make or what evidence he is called upon to rebut. In the case of civil actions he is, in some respects, worse off than in criminal ones, for in the latter he can only be sent to trial after a preliminary examination before a magistrate or a coroner, and he is permitted to know what the charge is that is made against him; and, moreover, such is the very proper stringency of the criminal law, that unless the specific charge made by the prosecution is fully substantiated, he must necessarily be acquitted. Such, however, is not the case with the civil law, which allows the utmost latitude to persons disposed to bring frivolous or malicious actions, and inflicts no punishment upon those who institute them, even when their real nature and object have been exposed.

The remarks we have just made have been more immediately called forth by the report of a trial which took place last week in the Court of Exchequer, and of which we have printed an account in another part of our Journal. It was an action brought by an infant, aged seven months (!) (the father of the child being the actual plaintiff), against Mr. Davies, of York Town, Surrey, for alleged unskilful treatment, whereby the sight of the child's left eye was lost. It appears that the mother of the infant was labouring under leucorrhœa at the time of its birth, and that five days afterwards the child's eyes became affected (as is very often the case under such circumstances) with purulent ophthalmia. For this complaint it would appear that Mr. Davies very properly ordered a lotion containing ten grains of sulphate of zinc, one drachm of vinum opii, and three ounces of water; but from the imperfect evidence offered, it is not very clear whether the nurse applied it to the outside of the lids or to the conjunctival surface of the eye. From the evidence of the child's mother, it would seem that it was applied only to the outside of the lids, for she said she never allowed them to be opened. Afterwards, an ointment was employed by Mr. Davies for the eyes, and was probably the mild nitrate of silver ointment of the Pharmacopœia. From some natural reason or other, the inflammation of the left eye proceeded to such a height that the sight was lost, but the disease in the other eye was arrested and the sight was restored. Such are all the Medical facts of this very ordinary case, so far as we have been able to gather them from the evidence on the part of the plaintiff, for the case was stopped before the defendant's case was begun.

Our principal remark on this proceeding is one of astonishment why the action was ever brought at all, and why it is that our present legal system allows such suits to be commenced. If a Medical man is knocked down in the streets and robbed of his money by violence he has the same redress as any other member of the community, but if he is unjustly robbed of his money in defending himself against a frivolous and groundless action at law he has no redress whatever. Now, of the two kinds of robbery, we almost think that robbery with open violence is preferable, for a man has then at least the power of grappling with his assailant, and, perhaps, of overcoming him, while in the other case he is robbed quite as surely, or more surely than by the hands of the highway thief. Whichever way the case goes he is sure to be the sufferer, and a verdict in his favour is often more expensive in its results than one against him.

Now, in the case just concluded, there was, in our opinion, no case at all on the part of the plaintiff; and we are compelled to conclude either that some evidence which was expected was not forthcoming at the trial, or that the whole affair was a mere vexatious and frivolous proceeding. If, indeed, the facts had been that the defendant pretended to the possession of qualifications he had never obtained, and that under those false pretences he had ignorantly applied improper remedies, we can understand why an action should be brought, although we are fully aware that both judge and jury would then have warmly taken the part of the defendant. But here is a case where a provincial Medical man, fully qualified (who probably attended the patient from motives of charity), is subjected to an expensive lawsuit in London for ordering a lotion of sulphate of zinc for a child labouring under purulent ophthalmia! and is arraigned on the charge of negligence because the nurse did not apply the

lotion in a proper manner, and because the child's mother would not allow the infant's eyelids to be unclosed!

From the fact that the occurrences which formed the subject of the action took place in a country village, it is possible that the whole of the circumstances are not yet known, and that influences may have been at work the nature of which cannot even be conjectured. A considerable number of Medical witnesses were called for the plaintiff, but it cannot be said that their evidence was of any importance, and most of them were probably brought into court against their will. It would be satisfactory, however, to know more clearly than is at present ascertained, how far Mr. Maybury, who, it appears, lives near the plaintiff, was concerned at the origin of the action. This gentleman admits having told the child's mother that her infant had been "scandalously treated," and his testimony at the trial was so strong against Mr. Davies that the counsel for the latter took occasion to give him a pretty sharp rebuke.

After the delivery of the verdict, a discussion arose among the counsel as to what would have been the destination of the damages, if there had been any; and it was stated that the child's father could not have received them. For what purpose, then, we again ask, was the action brought? The child, being only seven months old, could not receive any money, and the father was not entitled to it, and the only persons, therefore, who would receive remuneration, would be, as usual, the lawyers. Thus, whether to gratify some private malice, or to extort money, or to make costs for lawyers, such actions as those to which we have too frequently alluded, are brought against the members of our Profession; and in the present instance, we find a most respectable young surgeon, who has been only a few years in practice, initiated thus early into the hardships and wrongs endured by too many of his brethren, by being made the subject of one of the most groundless and contemptible actions at law which it has ever been our painful duty to comment upon or to record.

THE ADVERTISING QUACKS.

Without wishing in any way to triumph over the fallen misdemeanants who are now commencing their term of punishment at the treadmill, it would be a very great pity if the present wholesome agitation against the infamous system pursued by the advertising quacks were allowed to rest. If, indeed, the conviction and sentence of Wray and Anderson had in any way put a stop to the practices followed by the class to which those persons belonged, it would become our duty to be silent, and to rest satisfied that the cause of public justice had been sufficiently vindicated. But such is not the case; and although two rather insignificant traders in filth and obscenity have been consigned to imprisonment and hard labour, the system flourishes as vigorously as ever. It is now abundantly proved that these fellows and others like them would never have been able to carry on with success their nefarious arts, if they had not been assisted by the ready publicity given to their advertisements by a certain portion, we are sorry to say a very large portion, of the public press. Even if we admit that these advertisements may have been hitherto inserted in ignorance of their real object, there can be now no possible doubt upon the subject of their tendency, or upon the incalculable evils which their publication is daily and hourly inflicting on society. Not only has the Medical press denounced (although far too feebly) the motives of the scoundrels by whom these advertisements are paid for and published, but some of the general press, especially the 'Times' and 'Punch,' have pointed out the evil in glowing and indignant language, and have even called upon their brethren of the non-Medical press to refuse the insertion of the quack advertisements. The 'Times' has, indeed, taken up the subject only very recently, but, it must be admitted, comes with clean hands to the attack, as it has never admitted indecent advertisements, however much some of its other advertisements and its general tone towards the Medical Profession may be fairly called into question. But 'Punch' has never published any quackish advertisements at all, and its bearing towards our Profession has always evinced a laudable spirit of candour and fairness.

But what shall we say of many of the other newspapers, and of the course they are pursuing, now that the whole system of the "Manly Vigour" crew has been exposed? It will be remembered that we quoted a few weeks since an extract from a most indignant leading article in the 'Daily Telegraph,' which loaded this class of scoundrels with a series of epithets, not too strong probably for the occasion, but still somewhat in excess even of the vehement language generally employed by sensation writers. It might naturally be imagined that the proprietors of a newspaper which showed so large an amount of virtuous indignation, would not soil their hands by accepting money from the villains and robbers (such were the 'Telegraph's' own epithets) whom they were denouncing. But *O! tempora, O! mores!* we take up a daily paper as we are writing, and we find it as full as ever of the abominable announcements, which are leading hundreds of fresh victims to be immolated at the shrine of obscene quackery. Here, in the very same page with such innocent advertisements as those of 'Three Hundred Bible Stories,' 'The Young Ladies' Journal, containing Fashions for Needlework,' 'Field's Family Bibles,' &c., we find 'The Guides to Manly Vigour,' 'The Silent Friend,' 'Masculine Vigour Guaranteed,' 'The New Cure of Spermatorrhœa,' 'Advice to Ladies Only on Disappointments in Marriage,' 'Medical Advice on Diseases of Error,' &c., &c. One of the advertisers favours the public, including, of course, the young ladies who study the 'Family Bibles' and the 'Fashions for Needlework,' with the contents of his prurient volume, which, we are told, shows "how manhood may be secured in fourteen days," and gives full particulars of the "functions and disorders of the reproductive organs," the advertisement concluding by inviting to the residence of the advertiser all those who are suffering from "those diseases which blight the prospect of life," &c., &c. Many newspapers contain exactly similar announcements.

Can hypocrisy go further than this? and is it not the sacred duty of all newspapers to exclude such matter at once from their advertising columns, or to bear the reproach of prostituting their pages to the most infamous purposes for the mere acquisition of money? We repeat that Wray and Anderson, bad as they were, are not half so bad as many of those who are now fattening upon the profits of iniquity similar to that for which they were justly punished. Talk of a conspiracy, indeed, between Wray and Anderson! We know, and the 'Times,' and the 'Lancet,' and the 'Medical Times and Gazette' know that there is an organized conspiracy constantly at work carrying on the Wray and Anderson trade under the very noses of the authorities, and that it is by the wealth and the numbers of the conspirators, together with their assumption of fictitious names, and the ready help given them by many of the newspapers and some of the lower class of attorneys, that they pursue their infamous calling in security. We repudiate all intention of offering any offence to the Hebrew community, but the conspiracy to which we allude consists mainly of a fraternity of disreputable Jews; and whoever will expose these "Forty Thieves," and cause some dozen of them, by way of example, to be sent into penal servitude, will confer a benefit upon his country and upon mankind.

Since the above was written, the following letter on the subject has appeared in the 'Times':—

"SIR,—From the very many letters published in the 'Times,' and from the innumerable cases brought to our knowledge since we instituted the proceedings against 'Dr.' Henery and his accomplice Anderson, it appears that this system of extortion is carried on to an extent that can scarcely be conceived. If instead of making these scoundrels disgorge enormous sums, they had been prosecuted, the unfortunate victims would not only have saved their money, but have secured their future peace of mind, for it is not at all an uncommon thing, even after such men have disgorged their first security or cash, to wait until a fitting opportunity occurs and then make a fresh demand. We do hope that the members of our profession will in future advise their clients to resist all such abominable demands, and prosecute the offenders, as they may rest assured that the annoyance of the exposure is not to be compared with the life-long misery which they will have to endure should they once submit to the demands of such men as 'Dr.' Henery.

We are, Sir, your obedient servants,

FRY AND TRIMMER.

6 Danes-inn, Strand, Dec. 2."

SUMMARY OF THE WEEK.

VEGETARIAN AND TEMPERANCE TREATMENT OF FEVER IN AN IRISH WORKHOUSE.

Dr. Nicholls, Medical Officer of the Longford Workhouse, has lately made a report to the Poor-law Board, stating that the hospital of that workhouse is conducted on vegetarian and temperance principles, and that not one pound of flesh meat, nor a pint of whisky, nor a bottle of wine has been used there for the last fifteen years; and he also reports that the mortality is small. On the latter point, however, the comparative statistics are not very convincing, for it appears that the mortality from fever in the Longford Workhouse was at the rate of 15·47 per cent., whereas the general mortality in the Irish workhouses in the present year was at the rate of 10·56 per cent. It does not appear, moreover, that contagious diseases prevail less in the Longford union than in other places, for Dr. Nicholls states that contagion has spread through whole families with fatal effect in that town and neighbourhood. But if Dr. Nicholls has met with great success under the treatment in question, it is to be hoped that the full particulars will be laid before the public, as a great saving will be effected in our hospitals and workhouses if his plan can be generally carried out. In the therapeutical management of disease many changes have occurred during the last hundred years; and although it is now the practice to give wine and beef-tea in fevers, we can recollect the axiom to "feed a cold and starve a fever," and perhaps the time for the latter plan has arrived again in the cycle of therapeutical changes. At all events, it is certain that the system of giving enormous quantities of alcoholic fluids in fevers and other diseases has lately received a check, and it may be time to reopen the question how far the antiphlogistic or the depletory treatment is to be preferred. If the starvation plan should be established, it will rejoice the hearts of the Poor-law Guardians throughout these islands, and will considerably diminish the expenses incurred on behalf of the sick poor.

THE PROPOSED NEW PHARMACY BILL.

"On Tuesday, the 22nd of November, a deputation of the Council of the Pharmaceutical Society had an interview with the Right Hon. Sir George Grey, at the Home Office, on the subject of a proposed Bill for regulating the qualification of chemists and druggists. The object of this interview was to explain to the Secretary of State the provisions of the Bill which has been prepared by the Council of the Pharmaceutical Society, and as far as possible to enlist the interests of the Government in its favour. It is necessary in such a case to show that the proposed measure will be likely to effect what is required for the public good. The 'Bill for Regulating the Qualifications of Chemists and Druggists' assumes that it is expedient for the safety of the public that persons carrying on the business of a chemist and druggist by retail, in the keeping of open shop for the compounding of the prescriptions of duly qualified Medical practitioners, should possess a competent practical knowledge of such business, and, before commencing such business, should be duly examined as to their skill and knowledge. There is no difficulty in establishing this position which forms the preamble of the Bill, but the Government and the Legislature have to consider not only whether the safety of the public calls for legislative interference in the particular direction indicated, but also how far the proposed interference would fulfil all that is required, and would do so in the most effective and unobjectionable manner. The basis of the Bill as it stands at present is as simple as it could be made. It imposes a test of qualification upon those who undertake to prepare the prescriptions of duly-qualified Medical practitioners, but in other respects it leaves the sale of medicines unrestricted. It may be thought by some that this is hardly going far enough, as it leaves the sale of poisonous drugs in the hands of all who choose to undertake it. A stronger case in support of the Bill would no doubt be established if it was

made to apply to the sale of all dangerously poisonous drugs, for this would touch the popular feeling on a point on which there is a feverish sensitiveness, and no small anxiety for the public safety. But the framers of the Bill wished to avoid making it a Poison Bill, being impressed with the difficulties attending the satisfactory settlement of the questions involved in that part of the subject. To some extent, however, the Bill as it stands will restrict the sale of poisons to qualified men; for if none but examined men be allowed to keep open shop for dispensing prescriptions, this will virtually exclude all others from the business, and although hucksters and grocers may sometimes undertake the sale of poisonous drugs, it will be easy by a separate measure to deal with any evils arising from that source when they have developed themselves. The great point at present is to bring all the chemists and druggists throughout the country into one united and legally recognised body, and to ensure their qualification for the most important of the duties they have to perform. This is the foundation upon which any efficient arrangement for the protection of the public in the sale and administration of medicines and dangerous drugs must be based." The above remarks are from the last published number of the 'Pharmaceutical Journal,' and they explain the moderate objects which are proposed by the new Bill proposed for the regulation of chemists and druggists.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. C. B. RADCLIFFE gives the first of a series of clinical lectures "On Cases calculated to illustrate the Diagnosis and Treatment of Paralysis." The present lecture is "On a Case of Acute Myelitis," which presented some peculiar features. The patient, who had lived very regularly, caught a cold, which was followed by paraplegia, loss of power to make water, anæsthesia of the lower extremities, and speedy death. The treatment consisted in the administration of beef-tea and stimulants, with iodide of potassium, and afterwards chlorate of potash with chloric ether. The post-mortem examination showed that the membranes of the spinal cord were healthy, but the cord itself was in a state of softening, the natural structure being broken down and mixed with blood-corpuscles, exudation granules, and a few pus-corpuscles.——Dr. MARION SIMS continues his "Clinical Notes on Uterine Surgery," and gives some further illustrations of the treatment of uterine polypi, for the removal of which he strongly recommends the use of the *écraseur*, or excision, in preference to deligation. Even in cases of great exhaustion, the use of the *écraseur* is not contra-indicated, for there is no danger of hæmorrhage, and the operation may save the life of the patient.——Mr. HOLMES COOTE, in a short paper "On Syphilis in the Female," points out that although constitutional syphilis is very frequent in prostitutes, yet the presence of a primary ulcer with an indurated base in such persons is a very rare occurrence; and he, therefore, doubts whether it is right to connect the manifestation of secondary syphilis with one form only of primary ulcer—namely, that with an indurated base.——Dr. THUDICHUM concludes his paper "On a New Mode of Treating Diseases of the Cavity of the Nose," and he describes the different medicinal substances which may be introduced by the mechanical apparatus he has devised. These substances are astringents, alteratives (such as nitrate of silver and bichloride of mercury), and solution of chloride of calcium, containing suboxide or oxide of mercury. He also describes the constitutional treatment of diseases of the nasal cavity.——Dr. ALFRED T. BRETT reports "Two Cases of Ovariotomy," performed by Mr. Thomas Bryant, both followed by recovery.——Dr. T. T. PYLE relates a "Case of Self-Incision for the Relief of Stricture of the Urethra." The patient was a man, aged sixty-five, who had suffered for twelve years from stricture caused by the kick of a horse, and was accustomed to relieve himself by passing a catheter. One night, being unable to do so, he got out of bed, and with a penknife cut down to the seat of the stricture. Dr. Pyle introduced a gum-elastic catheter, and drew the wound together by sutures, and in a few days it was quite healed.

'MEDICAL TIMES AND GAZETTE.'

Dr. LEARED has an original lecture "On the Early Diagnosis of Phthisis, and its Difficulties." The object of the lecture is to prevent practitioners from making erroneous diagnoses, owing to the fulness of their knowledge. The importance of a true diagnosis, so as to be able to tell the patient whether the lungs are affected, is shown in the commencement of the lecture. The examination of the chest should be made before any statements are made, either by the patient or friends. The physical signs of the early stages of the disease are enumerated:—Dulness on percussion, deficiency of the respiratory murmur, prolonged expiration, coarse or tubular breathing, interrupted respiration, increased resonance of voice. Dulness on percussion is very pathognomonic, especially where it is well marked, inasmuch as it is an evidence of infiltration of the lung. Spurious dulness may arise from an inclination of the body to one side, by which the lung-tissues are compressed; and great muscular development will occasion the same fallacious sound. The phenomena of healthy respiration are next described. The want of capacity in the lungs of a child is atoned for by the activity of motion. At the age of childhood the respiration is heard to be coarser and louder. This puerile respiration may, however, occur in the healthy adult. Silent respiration—if the condition of the breathing be not local but general—is an evidence, not of disease, but of great pulmonic volume. The breathing may be coarse and harsh, and yet be healthy; but if phthisis is present along with this kind of sound, there is evidently a deposit of tubercle, and this deposit is the occasion of the peculiarity of respiration. Prolonged respiration belongs to emphysema as well as to the affection now under consideration. Interrupted respiration may be, and often is, present in nervous individuals, who are otherwise healthy.——Mr. Z. LAURENCE continues his lectures "On the Optical Defects of the Eye," presbyopia being now brought forward for consideration, as it may exist in normal eyes, in myopic eyes, and in hypermetropic eyes. The lecture concludes with an explanation of the cause of presbyopia. This defect of vision may arise from deficient power of the ciliary muscle, or increased hard-

ness of the lens.——Dr. MACKENZIE contributes an original communication upon "The Laryngoscopist's Light-Concentrator." The requisites for a good light apparatus by which the larynx may be thoroughly examined are :—That the light can be improved, that it may be so confined as to be able to pass out only in one direction, and that the apparatus be of use equally with all lights. The first is obtained by employing a lens properly focussed ; the second, by fixing the lens in a box closed on every side except that in which the lens is placed. Accompanying the description of the light-concentrator is an engraving of the apparatus, by which we are able to arrive at a more definite idea of its value.——Dr. OGLE continues to publish his "Cases of Softening of the Brain and Spinal Cord," the forty-fourth, forty-fifth, and forty-sixth being discussed in the present number.——Deputy Inspector-General HARE also continues his paper "On the Treatment of Malarious Fever ;" his report to the Medical Board at Calcutta, upon malarious fevers and their treatment, occupying the paper now before us. The author makes a distinction between malarious and common dysentery, which he purposes to explain more particularly in his next article.

THE PERFORMANCES OF THE BROTHERS DAVENPORT.

The extraordinary performances of the Davenport Brothers, having run through the ordeal of friendly and unfriendly criticism, have taken their place among the established exhibitions of the day. Having lately had the opportunity of being present at one of the *séances*, we are in a position to form some opinion as to the nature of the phenomena witnessed by ourselves and others, although our conclusions are rather negative than positive. The explanatory introduction delivered by Mr. or Dr. Ferguson must be considered rather *lucus à non lucendo*, for it explains nothing, gives no scientific information, and where it does profess to enlighten the audience it merely misleads, as, perhaps, it is intended to do. That there is anything "spiritual" in the manifestations, we, of course, do not believe ; but that they are very clever illusions we at once readily admit, as the sense of sight, if not that of hearing, on the part of the spectators, is completely deceived. The suggestion that electricity, galvanism, or magnetism, or the "od" force, or any other such physical powers, have anything to do with the phenomena, is quite inadmissible by those who know anything of physical science ; and the whole affair we conceive to be a very clever piece of conjuring. We attach very little importance to the tying of the ropes, and we fully admit that this deligation is fairly and honestly performed. On the occasion when we were present, two gentlemen of great respectability, one of whom was a well-known auctioneer, and both of whom were strangers, performed the tying operation, and inspected the cabinet which is used in the first part of the performance, and we have no reason to disbelieve the evidence they gave. In the second part, or the dark *séance*, when the lights are entirely extinguished, the tying operation and the other tests were performed by Dr. Hume Williams, of the 'Lancet,' and Mr. Belford, the comedian ; and we have not the slightest doubt of the veracity or good faith of either, more especially as we ourselves were close to all the performers in the exhibition, if the term exhibition can be employed for performances which took place in the dark. We have our own opinions as to the agency by which the phenomena are produced, but as we are not in the secret, and as our conjectures are not founded on actual knowledge, we merely repeat that the exhibition is a very clever one, and that the deception of the organ of vision is complete. The other senses are hardly deceived at all, for the sounds of violins, bells, and guitars, are produced by the actual instruments, and the sense of feeling is physically affected by frequent and pretty smart raps on the head and elsewhere from the instruments employed.

We subjoin a letter from one of our correspondents, which we freely admit to be no exaggeration of the facts as they occurred on Saturday last :—

To the Editor of the Medical Circular.

SIR,—Being at the *séance* of the Davenport Brothers on Saturday, it was whispered about the room that the editors of the MEDICAL CIRCULAR and 'Lancet' were present. I take it for granted, therefore, that your readers will be favoured with some remarks from your pen on this surprising exhibition ; but as it cannot be expected of an editor to speak or act otherwise than a *frondeur*, or to forget his vocation as a critic, perhaps you will allow an indifferent spectator, and one of your constant readers, to give a brief narrative of what he saw, heard, and felt. I was prepared for something extraordinary, as I had been told that "imposition" would be a more truthful term than "imitation" to what I had seen done by others, from the Wizards downwards. Still, as I have been present at every exhibition in London of any pretensions whatever for the last twenty-five years, I did not expect anything half so sensational as I witnessed. Let the facts speak for themselves. There were two *séances*, the one in the light, the other in total darkness. The audience are invited to appoint two gentlemen to act as their committee, to ascend the platform, tie the Brothers Davenport with knots the most abstruse, the most complicated, and seal them with their own seals. On this occasion Mr. Underhay, the well-known appraiser, and a gentleman of the name of Allen were nominated by the audience. Mr. Underhay examined the "structure" or cabinet, with the eye of a connoisseur, and assured the audience that it was a very so-so affair, such as he would readily knock down for forty shillings, and Mr. Allen nodded assent. Then came the tying and the sealing ; then the doors were closed with the young men in position, with guitars, tambourines, bells, a violin, and what looked like a hearing trumpet interposed. The doors being closed, in an instant the most discordant noises commenced, ending in a by no means disagreeable quartet on the violin, guitar, tambourine, and bells. Such a quartet I have often heard at Bartholomew Fair twenty years ago. The doors are opened, out fly all the instruments with a crash upon the floor, and you see the Brothers Davenport sitting calm and unruffled, certified by Messrs. Underhaya nd Co to be tied and sealed as they had parted from them five minutes before. The audience are incredulous : one will not believe that the noises proceed from the cabinet ; another looks upon Underhay and Co. as confederates, and angrily demands their names and addresses ; another censures them for not keeping an eye on the back of the cabinet. The variety of emotions elicited by the experiment is wonderful—anger, suspicion, delight, astonishment, fear, wonder, philosophic meditation, have each its representatives. Then the experiment is repeated, and this time the young men have flour placed in their hands, and every conceivable means adopted to prove that they do not move, and yet the concert recommences ; hands are shown at the small aperture which gives air to the otherwise unventilated cabinet ; six hands were distinctly visible, and an arm in its whole length of which a woman might be proud. Then was Mr. Underhay placed between the brothers in the cabinet, with one hand placed upon each to assure himself of their immobility ; the various instruments were placed on his lap ; the cabinet was closed ; the noises recommenced ; and in two minutes the doors were reopened, exhibiting the young men as before, and all the instruments piled on the head of Mr. Underhay.

The dark *séance*, to which I would recommend all to remain, is still more remarkable. The young men are tied as before, and the visitors are seated in a circle, with the lights extinguished ; the guitar and other musical instruments are wafted about the room in all directions, in such

a manner as to preclude the idea that it can possibly be done by hands. By a phosphorescent light you are enabled to see their gyrations, and ultimately they fall here and there among the company. The coats of the young men, tied and sealed, fly from their backs *in an instant*, and the coat of a visitor named by the company finds its way on to the back of Mr. Fay. If I mistake not, Mr. Editor, I saw you enveloped in the coat of Mr. Fay, after the "spirit" had robbed you of your hat. And it appeared to me, perhaps I am wrong, that Dr. Hume Williams, who represented the 'Lancet,' and tied up one of the brothers at the dark *séance*, got so frightened, that he only showed afterwards at the back of the audience. If I were to write more, you might not probably be able to find room for my letter on this most extraordinary exhibition which, whether it be a trick, an illusion, legerdemain, an invisible intelligent agency, or as suggested by Dr. Fergusson "a new law of Nature" is well worthy of a visit.

Yours obediently, F. M.

REVIEW OF BOOKS.

Clinical Lectures and Reports. By the Medical and Surgical Staff of the London Hospital. Vol. I.—1864. London: Churchill and Sons.

The expression quoted from Sydenham, by Dr. Andrew Clark, at the head of one of his papers in the present volume, "*Tota ars Medici est in observationibus*," must be received as an established truth; and those who faithfully record the cases they have met with are the true friends of Medical progress. The days of dogmatism in Medicine are long passed away, and clinical experience is now the only sure guide to successful practice. The compilers of the volume before us have been guided in their labours by the aphorism of Sydenham; and the result is a very ample and useful collection of clinical facts, sometimes isolated, sometimes collected together and arranged, and derived from various and often independent sources. The editors are Dr. Andrew Clark, Dr. Down, Mr. Hutchinson, and Mr. Maunder; but they tell us that their task of editing has been little more than nominal, and that the authors of the various papers are solely responsible for the opinions they express and the language they employ. Although the volume represents the labours of the Medical and Surgical Staff of the London Hospital, yet the materials they have used are not restricted to cases treated within the walls of that institution; and contributions have been willingly accepted from some who, although connected with the Hospital, are not members of its permanent staff.

Mr. Hutchinson is a very large contributor, and his subjects are of the most various kinds, some being single cases of interest, and others being groups of cases brought together to illustrate some particular view. Among the latter we may notice two clinical lectures on Leucoderma, and the differential diagnosis of this disease from Morbus Addisonii. The lectures are illustrated by a plate showing the patches of leucoderma in a dark boy; and it should be mentioned that this discolouration, or rather loss of cutaneous pigment, is more prone to occur in the dark races; and when it is found in others, it is observed on the darker parts of the body—as, for instance, the scrotum. This affection of the skin has been often mistaken for Addison's bronzed skin disease, but the distinctions are, that, in the latter, there is great constitutional disturbance, in the former there is none—in the latter the skin is darkened in fair people, in the former the skin is whitened in dark people; and Mr. Hutchinson also points out, as an invariable diagnostic mark, that in leucoderma the edges of the white patches are convex, whereas in Addison's disease the edges of the brown patches present that outline. By this distinction Mr. Hutchinson was able to predict that a supposed case of Addison's disease, about to be submitted to a post-mortem examination, was not of that nature, and the result showed that the supra-renal capsules were quite healthy. In another very able paper, Mr. Hutchinson collects some clinical data respecting cerebral amaurosis, more especially with reference to the form of disease supposed to be connected with the use of tobacco. He remarks, in the first place, that, at a comparatively recent date, the knowledge possessed by Medical men of the different forms of amaurosis was limited, and from their inability to examine the structures in the fundus of the eye, a number of cases were confounded together which are now distinguished from one another by the aid of the ophthalmoscope. By this instrument four or five different groups of cases may be distinguished in which amaurotic blindness is found to be connected with various morbid conditions in the retina or choroid, but in one particular form, which may be called amaurosis *par excellence*, there are some remarkable and very constant conditions, indicating first congestion, and then anæmia of the retina; and this form was described by Mr. Wordsworth as not unfrequently due to smoking. Mr. Hutchinson, although formerly not admitting this view, has determined to submit it to the test of numerical examination, and the result is, that he believes there are grounds for supposing that it may be connected with tobacco-smoking, but he considers the whole subject to require further careful investigation. Among other contributions by Mr. Hutchinson, there is one on leprosy, of which disease he has seen but three recognised cases, and another on relapsing pemphigus, which is described as a blood-disease, and curable by arsenic.

Among the other papers which will be read with interest at the present time, are some surgical notes on the campaign in Schleswig in 1864, by Mr. L. S. Little, who, with a short interval, was in that province from the middle of February to the middle of May, and who describes the construction of the hospitals and the treatment of the sick and wounded of both the belligerent parties in the late unhappy conflict. He gives a graphic and painful description of the surgical treatment of the wounded in the Flensburg Hospitals after the siege of Düppel, when the hospitals were all filled with wounded, and the appliances at the command of the surgeons fell far short of the emergency.

Dr. Down contributes a short paper on polysarcia and its treatment; and after giving a brief account of the contradictory, and often unchemical remedies for this inconvenience, proposed by the older Medical writers, he relates the case of a girl of thirteen, who was an inmate of the Earlswood Asylum, and who exhibited a remarkable proneness to obesity. A variety of plans were tried to reduce her bulk, but none were successful, until she was placed almost exclusively on a meat diet, by which her weight was reduced seventy pounds in one year. The use of drugs appeared to have little effect in diminishing her size, while a vegetable diet was allowed; and iodide of potassium, although continued for six months, in doses of two grains and a half three times a day, produced no change.

Dr. Andrew Clark, under the head of "Gleanings from the Field of Observation," presents a somewhat miscellaneous group of cases, one of the most interesting of which group is a series of three, showing the value of the microscope in the diagnosis of diseases of the lungs. In the first case there were small tubercular cavities, in the second there was encephaloid cancer of the lung, and in the third there were pulmonary hydatids, and in all, the appearances of the spectrum under the microscope revealed the true nature of the disease.

Dr. Hughlings Jackson is a large contributor to this volume, his subject being the Diseases of the Nervous System. He gives a clinical lecture upon the mode of investigating these diseases, recommending that they should be studied both physiologically and clinically, with a view to their due comprehension; and he also relates a number of cases illustrative of their pathology and treatment.

Dr. Herbert Davies gives a lecture on the treatment of rheumatic fever in its acute stage exclusively by free blistering, the results of which he has found to be rapid relief of the pains, quick convalescence, and freedom from cardiac disease. He relates carefully the particulars of thirteen cases, arranged in a tabular form, treated on the plan he has proposed.

There are many other papers in this miscellany on isolated subjects, and among the contributors are Mr. Curling, Mr. Maunder, Mr. Couper, Dr. Ramskill, and Dr. Woodman; and we should not omit to notice that there are several excellent illustrations (some of them lithographs) of the cases described. The frontispiece is a lithograph, showing an aneurism involving the distal two-thirds of the innominate, and almost the whole length of the subclavian artery, the case having occurred in the London Hospital, under the care of Dr. Herbert Davies. Another lithograph, very beautifully executed, represents a separation of the carpal epiphysis of the radius; and there is also a coloured plate, to which we have already alluded, illustrating the appearances presented by leucoderma.

PARISIAN MEDICAL NEWS.

TREATMENT OF WHOOPING-COUGH IN GAS-FACTORIES.

Amongst the other communications forwarded in the course of the last month to the Academy of Medicine, there were two on the treatment of whooping-cough in gas-works. The first by Dr. Commenge, formerly house-surgeon of the Infirmary of Saint-Lazare, bears the date of October the 4th; the second is a letter sent in by Dr. Oulmont, on the 11th of the same month. We record the conflicting results brought forward by both authors.

From March 1 to July 1, 1864, one hundred and forty-two children affected with whooping-cough were closely watched by Dr. Commenge at the gas-factory of Saint-Mandé. Eighty-eight of the patients only can be considered to have been submitted to the inhalations with desirable regularity, and in this number twenty-three had undergone no previous treatment whatever, various remedies having been unavailingly resorted to in the remaining sixty-five, before their admission into the gas-works. In sixty-one cases the symptoms were extremely violent, and were moderately intense in the others. The disease was in the incipient stage, or had lasted less than three weeks, at the period of admission, in fifty-one of the children. In thirty-seven instances, whooping-cough had already endured one, two, or three months. In all the cases the remedy was applied in the same manner. Although the affection had lasted many weeks in some of the patients, the fact must not be understood to imply that it had reached the stage of decline; in general, indeed, the children were brought to the gas-works only when the symptoms had assumed a fresh degree of intensity, and were extremely severe. Improvement or cure was, therefore, obviously not the result of a natural tendency to recovery.

The following is stated to have been the result of the treatment:—Complete cure in fifty-four cases, improvement in twenty-four, utter failure in ten. In the fifty-four instances of recovery, some amendment was observed after five inhalations, on the average; and twelve and a fraction were required to effect a complete cure in mild cases, fourteen being necessary in the more severe attacks. In sixteen instances the disease was unusually mild, and ten was the average number of the inhalations. The influence of age appears to have been naught, a cure being effected in infants of a few months as readily as in children aged several years.

It was one of the author's first duties to inquire whether a daily inhalation of ten hours was devoid of danger to the patients. "In all the cases I have observed," says he, "I have never noticed any evil effects whatever from the practice. The only circumstances which require notice were a temporary aggravation of some symptoms, and a slight degree of agitation during the first four or five days, in a very small number of instances. The parents of a few of the children carried home the substances from which the gases are evolved, and placed them in the bed-chamber of the patients. Not only was this practice unattended with any evil consequences, but more rapid improvement was observed than where the sufferers were merely brought in the day to the gas-works. I may add that for several years I have attended the operatives of the factory at Saint-Mandé, and I have noticed that the men employed in the depuration-yards are seldom ill. The innocuousness of the courts, demonstrated in the case of men who spend ten or twelve hours of the day in the peculiar atmosphere generated by the exhalations from the substances used in the manufacture of gas, would naturally lead me to consider them as equally unimjurious in the case of children, even if direct experience had not demonstrated the fact."

In conclusion, M. Commenge's paper fully confirms the encouraging views entertained on the subject by M. Guérard and answers the objections urged by us in a former number.

M. Oulmont's remarks on the same question are, on the other hand, much less favourable to this new mode of treatment of whooping-cough. In ten cases in which the inhalations were resorted to at La Villette, this practitioner has noted but four instances of amelioration, and observes that in the remaining six the results were negative. This is doubtless a small proportion of cures; but if we recollect that all other methods are generally unavailing, even these few instances of improvement must be a subject of congratulation. M. Chevallier, moreover, has placed on record a case of obstinate whooping-cough, of long standing, which promptly yielded to the inhalations. This conflicting testimony must induce us to suspend our judgment as to the value of the new system, although we have yet no right to reject it as altogether inefficacious.

DIMINUTION OF MORTALITY IN THE FRENCH ARMY.

As a set-off to the distressing remarks invariably suggested in France by an inquiry into questions relating to hospital hygiene, there is a highly satisfactory report of the Minister of War on the gradual decrease of mortality in the army.

In the official returns brought forward in the Chamber of Deputies in 1846, the annual mortality was stated to be 19 in 1,000 for the troops garrisoned in France, and in Algeria, 64 in every 1,000. During the years 1862 and 1863, the average fell to 10 per 1,000 in France and 12 per 1,000 in Algeria, being a decrease of 48 per cent. within the empire, and of 82 per cent. in Africa.

This decrease has naturally coincided with a diminution in the average of admissions into the military hospitals; and the number of days of residence in these establishments, which, in the year 1842, was equal to 1-23rd of the effective force under arms, fell to 1-30th in 1852, and descended as low as 1-39th in 1862.

Marshal Randon accounts for these felicitous results by the adoption of a certain number of hygienic measures such as the improvement in the bread and of the mess, the purification of the barracks, and more especially by the present composition of the army, which the law of dotation has very considerably modified.

"Previously to the year 1855," says the reporter, "the proportion of men under arms, counting more than seven years' service, did not exceed 9 per cent.; it has now reached 30 per cent. The coincidence of this change of proportion with the diminution of the average mortality, of course, invited the attention of scientific men, and Medical statistics have shown that these facts are closely connected, and that one is the direct consequence of the other."

Marshal Randon brings forward tables in which is indicated the average of deaths in each disease, and the number of years passed by each individual in the service, whence it appears that the lowest mortality is found amongst soldiers who have served from seven to fourteen years, and that fewer deaths occur amongst the men who have been more than fourteen years in the army, although this series includes the veteran companies, than amongst the four classes into which are subdivided the soldiers who have been less than seven years with their regiments. The law on military dotation having increased fourfold the number of men who have been more than seven years in active service, the minister naturally ascribes to the operation of this cause the diminution of the mortality in the army.—'Journal of Practical Medicine and Surgery.'

GENERAL CORRESPONDENCE.

CHLOROFORM IN DENTISTRY, OR DENTAL OPERATIONS.

To the Editor of the Medical Circular.

SIR,—It strikes me that a few hints as to the use of chloroform in special cases, such as dentistry, midwifery, eye operations, &c., would prove useful to Medical students.

It is always desirable that the dentist should first place gently his dental *armamentarium* close at hand, the tooth instruments covered with a napkin, as the patient is safest when he is half conscious; and "rattle" should be avoided, this rattle of sounding brass or forceps being very uncharitable, though sometimes difficult to avoid, and not easily remembered at the moment.

Then, as to the management of the patient's mouth and teeth. The old cork between the teeth *at first* is a mistake. A very nice little contrivance of my friend, the dentist at St. Bartholomew's, may be adopted in its place, and acts very well for opening the jaws, but is to be used, not at first, but as soon as the anæsthetic effect shall have been produced, and, of course, at the opposite side of the jaw to that on which the dentist is about to operate.

There is not any unusual danger from chloroform in tooth-drawing; still, it is as well to remember there have been about twenty deaths from that agent in the not very Elysian arm-chair of our good friends the odontologists. The accidents are probably from faintness, partly due, too, to the bleeding after six, or nine, or eleven teeth have been removed. The variety of cases for which chloroform is administered is very considerable; I have given it where the half of the upper maxilla has been sawed or gouged away, attended with profuse bleeding (such patients recover better than an hysteric or nervous young lady); in other cases, also including dental "caries" in its thousand forms, necrosed and most troublesome fangs, irritable dentine, fractured teeth, diseased stumps (with the not inviting and painful proceeding of punching or elevating), but in all, chloroform, with fair, judicious management, acts most favourably in lessening shock and pain.

We should never forget, with all our boasted wisdom, that it is to dentistry we owe chloroform. It is well the patient should be not too deeply comatose or unconscious in dental operations; it is desirable he should have a dreamy half-consciousness and that when asked to "spit out" or wash his mouth with water, he should do so; as long as his mouth is wide open he cannot swallow; but though he may not swallow, a lodgement of fluids may be going on in the larynx that requires care, or the patient may be first rendered well under the chloroform, and then, as it wears off, the teeth extracted. The tongue need not be hooked forward; I rather think, indeed (though recommended as the "be all and end all" of good chloroformisation), that the hooking forward causes death and reflex spasm of the glottis. Vomiting very much aggravates the chances of danger, but this is easily prevented if the chloroformist has some experience of this anæsthetic. To some persons, no doubt, chloroform is a very trivial thing in dentistry, but the public do not think so; the pain is very great in toothache. Shakespeare says:—"Of all the philosophers he never knew one that could withstand a toothache;" and, *a fortiori*, how horrid is the clumsy crunching and tearing of the jaw if deprived of the triviality of anæsthetics. The patient should have had no *solid* food for four hours before the operation; that is the only precaution necessary. I have found in the vomiting *after* such operations that a little champagne, as also a kind of aerated or oxygenised Schwalbach water, acts as a charm in stopping vomiting.

Muscular rigidity of the masseter, a sort of "lock-jaw," is very common, and alarming to the inexperienced administrator, but it soon yields according as the chloroform is more completely diffused through the blood and nervous system. Any excitement of the patient from rattle of instruments, &c., keeps up this tetanic spasm; but as soon as the cork can be inserted the spasm diminishes.

Some troublesome forms of "furred tongue," caused by bad molar teeth, treated in vain by almost everything medical under the sun, from gallons of bitters down to wet packing and chlorate of potash, have yielded at once to a whiff of chloroform and extraction of a bad molar tooth. Deafness, with bad discharge from the ear, has been cured by the dentist's forceps. Many forms of painful dyspepsia will be found to yield to better mastication and insalivation of food from a new set of teeth by a skilful dentist, so that the latter is often the best person to refer such patients to; nor need we, as is too often the case, prevent this rehabilitation of the patient's masticatory apparatus by unwise old prejudices as to the risk of chloroform, or other weak ideas—namely, that as our fathers and grandmothers, who worshipped at old shrines, were brave enough to do without chloroform in dentistry, so ought we. These weak ideas are very prevalent, or they would not be worth mention.

I am, &c., CHARLES KIDD, M.D.

Sackville street, Nov. 20.

P.S.—The valuable hints afforded by dental surgery in general practice are not to be disregarded by the practical man. Dr. Watson tells of a case of old bad amaurosis, or blindness, cured at last by extraction of some teeth. As to the cause or cure of this amaurosis, we now know that this is quite possible, as the amaurosis is a form of reflex paralysis or inhibitory influence. Mr. Lawrence cites another interesting case in which the extraction of a carious tooth, with a minute splinter of wood, projecting from one of its fangs, procured the restoration of the sight of an eye of the same side which had been entirely lost for thirteen months! Here, also, the paralysis of the retina or optic tubercles was "inhibitory," even so as possibly many cases of epilepsy, convulsions in children, &c., might be found to be the real source of evil. Carious fangs of teeth or periostitic fangs are all now easily removed by extraction under chloroform.

DEATHS.

BOWER.—On the 15th of Aug., at Carrick, Tasmania, E. R. Bower, M.R.C.S., formerly of Newent, Gloucestershire, aged 61.

FRY.—On the 20th Oct., J. C. Fry, M.R.C.S.E., of Ballyfarnon, Co. Roscommon.

GRAHAM.—On the 11th ult., at Blackett street, Newcastle-on-Tyne, J. C. Graham, M.D.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations for the Fellowship on the 22nd, 23rd, and 24th ult., were reported to have acquitted themselves to the satisfaction of the Court of Examiners, and at a meeting of the Council on the 25th ult. were admitted Fellows:—William Morrant Baker, Andover, Hants—diploma of membership dated April 16, 1861; Essex Bowen, Birkenhead—diploma of membership dated June 7, 1850; Frank Buszard, Infirmary, Northampton—diploma of membership dated April 16, 1860; James Blake Maurice, Marlborough—diploma of membership dated April 10, 1861. It may be interesting to those students about to commence their professional studies to know that a preliminary examination in general knowledge will be held at the College on the 20th, 21st, and 22nd of December inst.; and that those gentlemen who may be approved can at once enter on their hospital duties, thus saving considerable time in the prosecution of their studies.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 24th ult.:—William Falconer Clark, Cunningham place; Walter Lattey, Manor street, Clapham; Augustus Square May, Plymouth; Henry Octavus Steele, Gomersal, Yorkshire; John Swindale, Appledore, Devon,

The following gentlemen also on the same day passed their first examination:—Edward Horne, Charing-cross;

George Clements Searle, St. George's; Robert Stuart, Guy's; Francis William Underhill, St. George's.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The following gentleman has been admitted a Fellow of the above College:—John J. M'Dermott, M.D., H.M. Indian Army.

GENERAL ASSOCIATION OF MEDICAL PRACTITIONERS IN FRANCE.—The annual meeting took place on the 30th of October, in the large amphitheatre of the Offices of the Administration of Hospitals. The reports read by the secretary and treasurer on the finances and general prosperity of the association were received with unanimous approbation. On the motion of the secretary-general, a resolution was proposed, expressive of the laws which regulate at present the practice of the Medical Profession. An anonymous contributor forwarded a sum of 8*l.* for the annuity fund, and M. Ricord presented a sum of 20*l.* for the same charitable institution.

DR. THUDICHUM'S PLAN FOR THE UTILISATION OF THE SEWAGE.—The 'Times' thus refers to Dr. Thudichum's plan presented to the Board of Works:—The proposition of Dr. Thudichum for dealing with the sewage, which he submits to the Board, has some features that are worthy of notice. He proposes, by a peculiar arrangement of the closet pan, to separate the liquid from the solid refuse. The liquid, or urine, he proposes to conduct inside the intercepting sewers to their outfall at Barking Creek. He calculates that the metropolis would yield 1,000,000 tons of urine annually, which he calculates would make 30,000 tons of solid manure, estimated to produce a gross return of 1,000,000*l.* sterling. The other component parts of the urine he proposes to employ in the production of a magnificent purple dye, which he estimates would produce an annual sum of 365,000*l.* A net profit of 1,000,000*l.* a year may be made out of these products, he calculates. His whole essay in support of his scheme is a literary curiosity. Unfortunately, the engineer of the Board calculates that to pull every house to pieces to make these conducting drains would cost upwards of 6,000,000*l.* of money, so we suppose the manufacture of the magnificent purple dye must be postponed until some better day.

FILARIA OCULI.—In a paper addressed to the Academy of Sciences, Dr. Guyon gives an interesting account of several cases of filaria oculi, a thread-like worm which penetrates into the eyes. The worm is frequently met with in Africa and in other tropical climates. In one of the cases recorded by Dr. Guyon, a worm was present in each eye, but they occasionally passed together into the same eye through the cellular tissue at the root of the nose. These parasites measured about two inches in length. Dr. Guyon produced another six inches in length, preserved in alcohol. It had been extracted from the eye of a negro, a native of Gaboon. The operation is a very delicate one, and out of six cases observed in America succeeded in four only.

THE NEW PHARMACOPŒIA.—It will be remembered that a special committee was recently appointed by the Medical Society to confer with the Council of the Pharmacentical Society, as to the recognition of the British Pharmacopœia. At a meeting of the representatives of the two societies, held at the Melbourne Hospital on Wednesday, the 24th ult., it was agreed to recommend to the Profession the propriety of adopting the new formulæ from the 1st of January next, so that in prescribing after that date, all preparations, not specially indicated, will be understood by the dispenser to mean those of the British Pharmacopœia. The initials P.L., P.E., and P.D., are to be used after any preparation respectively of the London, Edinburgh, or Dublin Pharmacopœias. This arrangement seems to be a reasonable one. The new Pharmacopœia has, it is true, many faults, and its early revision is an obvious necessity on the part of the Medical Council; but, in the meantime, it is manifestly the duty of the Profession to recognise it as the current authority in prescribing, and to consider any departure from it as the exception. We believe that the majority of the druggists in Melbourne have furnished themselves with the new preparations, so that no apprehension need be experienced as to there being any difficulty in procuring these. Of course there is no absolute obligation to adopt the plan that has been proposed, and its acceptance necessarily depends upon the willingness of the Profession to coincide in the arrangement thus made; but as the new Pharmacopœia must necessarily be the recognised formulary at some time or other, and as its adoption is, we believe, compulsory in the United Kingdom, we are bound, if only on the score of convenience, to declare our allegiance to its authority as speedily as possible. An early familiarity with its special features is, therefore, as much a duty as a necessity.—'Australian Medical Journal.'

MEDICAL CONGRESS OF LYONS.—The first meeting of the Medical Congress of Lyons took place on the 26th of September, Mr. Barrier in the chair. Several eminent foreign physicians were present, amongst whom we may name M. Palasciano, of Naples; M. Pacchiotti, of Turin; M. Guérini, of Milan; M. Engelsted, of Copenhagen; Mr. Mundy, of London; M. Bulkens, of Gheel (Belgium), &c.

DIPHTHERITIC CROUP.—The 'Union Médicale de la Gironde' published an observation of diphtheritic croup, consequent on the passage of a bean into the larynx. The false membranes thrown up by the child in no wise suggested the presence of a foreign body in the air-passages, but after alternancies of aggravation and improvement, the bean was at last rejected, showing that local irritation alone may induce the formation of diphtheritic exudations.

MEDICAL CHARITIES.—The late Mr. Hudson Gurney, of Norwich, amongst other charitable bequests, has left 1,000*l.* to the Norfolk and Norwich Hospital; and another banker of the same place, Mr. William Stitt Wilson, has bequeathed 100*l.* to the Whitehaven Infirmary. During the past week some of the Metropolitan Medical charities have benefited liberally under the will of Madame de Lilly, who left a large sum to our gracious Queen to be divided among the poor of London; accordingly, the Lords Commissioners of Her Majesty's Treasury have authorised the Paymaster-General to pay 375*l.* to the Treasurer of the Metropolitan, and a like sum to the Treasurer of the Royal Free Hospital, Gray's-inn road.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 7.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Dr. Wade (Birmingham), "On Puerperal Embolism."—Mr. Baker Brown: "Complete Extirpation of the Uterus and Ovaries, with Large Fibrous Tumour."—Dr. Braxton Hicks, "On Delivery of the Head after Perforation;" Medical Society of London.—"Lettsomian Lectures." By Dr. Thudichum.

THURSDAY, DEC. 8.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, DEC. 9.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 10.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, DEC. 12.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 18.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Student's Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F.R.S. Part I. London: John Churchill and Sons, New Burlington street.

De l'Alimentation des Enfants. Mémoire de Mme. Baines à Londres, imprimé dans les Annales de l'Association Internationale pour le Progrès des Sciences Sociales. Congrès de Gand. London: L. Booth, 307 Regent street, W.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

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THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

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Dr. F. Fitch, Kidderminster	0	5	0
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Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Nov. 30, 1864.

THE ROYAL INSTITUTION.—The notice has been received.

DR. HUMPHRY.—The report has been received.

ANTI-QUACK.—However much we may commend the conduct of Captain Clarke in instituting and carrying out the prosecution of "Dr." Henery and his accomplice, we cannot admit that the Medical Profession can be fairly called upon to contribute to defray the expenses incurred. Our Profession is in no way benefited by the result, although the public at large undoubtedly are so; and if all the quack advertising scamps were sent to the convict prisons, however desirable such a consummation might be, we should be none the better for the elimination of such persons from society. All we desire is that it should be distinctly understood that they do not belong to our body, and, that being the case, we are no more concerned in their conviction than in that of any other culprits. The necessity of a public prosecutor is indeed very desirable in instituting proceedings against them; but we, as a Profession, are only concerned in keeping them out of our ranks, and in showing clearly to the public that they have no connexion with Medicine.

THE OBSTETRICAL SOCIETY.—The notice has been received.

A SUBSCRIBER.—Benzine was formerly obtained by heating benzoic acid with lime, but it is now procured in the process of preparing coal-naphtha. It has been lately recommended by Professor Mosler in Germany, as an internal remedy in Trichiniasis. It must, however, be used with caution, as it is not only poisonous to the parasites, but also, if the dose is not carefully regulated, to the person whose body is infested by the trichina.

DR. L.—The newspaper has been received.

AN ASPIRANT.—The only means of obtaining a degree in Medicine, without residence, is by application to a German University, as that of Heidelberg, or Erlangen, or Giessen; but it is doubtful whether such degrees would be admitted to registration by the Medical Council. Graduation at the University of St. Andrews is now restricted to ten persons in each year, and they must be above forty years of age.

THE ANTHROPOLOGICAL SOCIETY.—The notice has been received.

MR. J. R. ELLIOTT, *Lynton*.—The case shall appear next week.

PUDOR.—We think that the insertion, by the leading Journal, of the letter by the person alluded to, was singularly injudicious and ill-timed, and that it shows an entire ignorance of what is due to the respectability of the Profession.

DR. T. W.—The insurance office in question is one of the highest respectability.

MR. J. T.—The paper has not yet reached us.

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XI. Prolapsus of the Rectum.
XII. Abscess near the Rectum.
XIII. Fistula in Ano.
XIV. Polypi of the Rectum.
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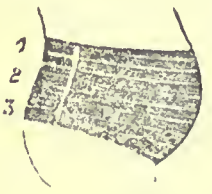

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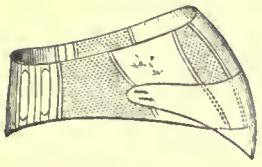

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 358.)

THE CAUSES, DIAGNOSIS, AND TREATMENT.

Thrombus of the Vulva.—This accident consists of an extravasation of blood into the cellular tissue of the vulva and lower part of the vagina. It may occur at any period of pregnancy, but it usually takes place during the passage of the fœtal head through the pelvis. On delivery a tumour consisting of the effused blood rapidly forms in one of the labia, and after the lapse of a certain time it bursts, and sometimes very serious hæmorrhage follows. The chief predisposing cause of a thrombus in this situation is a varicose state of the veins of the vagina, and, during delivery, the direct cause is the pressure of the presenting part of the infant. The size of the thrombus varies from that of a small walnut, situated close to the posterior commissure, to that of a fœtal head occupying the whole extent of one labium.

Diagnosis.—The thrombus is generally discovered before it ruptures and any external hæmorrhage takes place. The patient complains of an uneasy, almost unbearable pain at the lower end of the vagina, and is also restless. These two symptoms continuing, induce us to make an ocular examination, and then the characteristic swelling is at once perceived. The tumour is confined to one labium. At first it is of a blueish hue, and gradually deepens in colour until, previous to rupture, it becomes almost black. Finally, the skin covering the effused blood becomes thinner and thinner, and bursts. Some coagula are expelled, and even pus, as in one case I saw. In those cases in which the bursting of the tumour is followed by free hæmorrhage, the blood can be seen flowing from a rent in the affected labium.

Treatment.—The cavity of the thrombus should be stuffed with lint or sponge dipped in a strong solution of perchloride of iron, and cold applied locally. If these means fail in arresting the hæmorrhage, pressure upon the vaginal veins may be applied in addition by an india-rubber bag inflated just within the orifice of the vagina.

Inflammatory Ulceration of the Cervix.—Dr. James Bennett is of opinion that, in a great many cases, where a draining of blood continues several weeks after confinement, it is due to ulcerative inflammation of the os. During labour the os and cervix may be bruised, abraded, or lacerated, and instead of the injuries healing kindly, they remain in an ulcerated condition.

Diagnosis.—The speculum will be required to be used to ascertain this cause of hæmorrhage, unless the ulceration is extensive and deep, when the touch may suffice. We may suspect that the draining of blood is owing to some ulcerative lesion of the os if it has continued several weeks, and especially if there is also a purulent discharge.

Treatment.—It should consist in administering astringents by the mouth, and tepid astringent vaginal injections, and the periodical application of nitrate of silver to the ulcerated surface. Dr. Bennett mentions one instance in which he used the pernitrate of mercury. The nitrate of silver would, however, generally prove effectual, and it should always be tried first.

Purpura.—Flooding of a most obstinate and dangerous character occurs in women who happen to be suffering from purpura at the time of delivery. It is a rare affection in pregnant women; at least, that form in which ecchymoses are visible on the surface of the body. It is very probable that some difficult cases of flooding are really due to a purpuric condition of the blood and blood-vessels, notwithstanding the characteristic spots of blood extravasated under the skin may be absent. I met with one instance where the patient was delivered of an infant covered from head to foot with spots of purpura. It only lived four hours, and during that time the extravasations of blood could be seen extending in every direction. The mother had a dreadful flooding. The persevering application and repetition of remedy after remedy were for a long time but of temporary benefit, and it was not until the case seemed almost hopeless that the virulency of the hæmorrhage abated. A free draining of blood continued for three days. There were no purpuric spots to be seen on the patient's skin, and the flooding might have been a mere coincidence, and not an indication that her state was similar to that of her infant. It is an interesting and important question, however, for further observation to settle, whether purpura in the new-born infant implies an analagous state of the blood and vessels of the mother.

Diagnosis.—The presence of petechiæ or ecchymoses on the body; or the fact of a cut, or extraction of a tooth during pregnancy being followed by profuse bleeding, arrested with difficulty, would be the only reliable signs.

Treatment.—As the purpuric state of the blood cannot be removed at once, all that can be done is to make the uterus contract as firmly as possible. The intra-uterine injection of cold water, or of a solution of alum, and compression of the aorta, in addition to the common remedies, would be especially useful. The internal administration of a large dose of turpentine might also be tried, probably with advantage.

Constipation.—A loaded state of the intestines is considered by some to act as an exciting cause of flooding after labour. As Dr. M'Clintock justly remarks, in consequence of women nearly always being careful, especially during the last month of pregnancy, in keeping their bowels open, this cause of hæmorrhage would be rarely met with. Besides this, when the rectum is full, the pressure of the child's head through the pelvis generally empties it of its contents. Probably, the only part of the intestines which would affect the uterus in any way would be the cæcum, the sigmoid flexure, and the rectum; it would be difficult to understand how the loaded state of the small intestines could act upon the uterus so as to set up flooding.

Diagnosis.—It would not always be very easy. We could only justly conclude that constipation was the cause of the hæmorrhage, if we felt the ascending or descending colon distended through the abdominal walls, or the rectum through the vagina, or there was a history of a very prolonged state of constipation.

Treatment.—A cold or tepid enema containing castor-oil and turpentine, and a purgative mixture consisting of sulphate of magnesia, tincture of hyoscyamus, and compound infusion of roses, would be the correct treatment.

Polypus.—Fibrous Tumour.—There are several cases on record of dangerous and fatal floodings arising after delivery from the presence of a polypus or fibrous tumour in the uterus. Uterine tumours generally increase in size considerably during pregnancy, in consequence of the great vital activity going on in that organ at that time, and after delivery they seriously interfere with the due contraction of the uterus. A tumour lying partly imbedded in the substance of the uterus, or contained wholly in the cavity, is much more dangerous, from its being less amenable to treatment than a tumour which is merely attached by a pedicle to the uterus, and the rest and chief portion of it hangs into the vagina.

Diagnosis.—It depends very much upon the position of the tumour. If a portion lies imbedded in the substance and the rest projects from the surface of the uterus, it may be felt through the abdominal wall; on the other hand, if it projects into the cavity of the uterus, we shall not be able to detect the cause of the hæmorrhage without

introducing the hand, and that of course would be only feasible for the first day or two after delivery. A polypoid tumour lying in the vagina will be easily felt on making an internal examination. Care must be taken, however, not to mistake for it an inverted uterus. There is one symptom which is sometimes present, especially when the tumour is pediculated and lies in the cavity of the uterus or vagina: it consists of an almost continuous expulsive pain referable to the uterus or rectum, and it has been known so to affect the patient as to cause death by exhaustion.

Treatment.—The ordinary means for arresting hæmorrhage should be first tried, including the plug. No other treatment can be carried out if the greater portion of the tumour is in the substance of the uterus; but if it is pediculated, we may as a last resource employ operative interference. It is as well, if we can, to defer the operation for a few weeks, as there is considerable danger attending the removal of a polypus immediately after delivery, in consequence of its being larger and more vascular, and because the uterus at that time is so liable to phlebitic inflammation. The polypus will be most safely removed by an écraseur (Braxton Hicks'). Excision and torsion would be justifiable only when the pedicle is very thin.

The After Treatment.

I now arrive at the consideration of a very important part of the subject of post-partum hæmorrhage—viz., the management of a patient after the flooding has been arrested. The chief points to be attended to are:—

1. To prevent a repetition of the flooding.
2. To keep the patient from dying.
3. To prevent uterine inflammation.
4. To prevent or mitigate hæmorrhagic fever.
5. To restore the patient as far as possible to that state of health and strength which she enjoyed previous to the loss of blood.

I shall treat upon these separately, in the next communication.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

CASES UNDER THE CARE OF MR. HOLT AND MR. HILLMAN.

Some time since we had an opportunity of seeing, in the out-department and under the care of Mr. Hillman, a woman who had suffered from syphilitic abscesses in various parts of the body; but that to which we would direct special attention was in the neck. The glands in this situation had suppurated, and subsequently poured out their contents underneath the integument; the patient had allowed this condition to continue without taking any active steps towards accomplishing a cure, and allowed the matter to burrow beneath and to undermine the skin of the neck. The pus, at length, made for itself an aperture of exit, having determined towards the surface at the central line of the neck; a large quantity of unhealthy matter made its escape, and left the integument completely dissected up from the tissues beneath; so much so, that it covered them, or, rather, lay upon them, as a curtain, without being at all attached to them, and readily admitted a probe being buried beneath it; it could also be raised up altogether from the subjacent structures. The apertures through which the matter had found vent had become large-sized openings and presented a peculiarly unhealthy appearance: through them appeared the denuded muscles of the neck, and the play of these muscles could be distinctly seen. The general treatment prescribed was such as would eliminate the constitutional taint and improve the health. The local application used consisted of white precipitate ointment, and with this the wounds were dressed.

In another case in which great fœtor from the nose existed, the patient was being treated by means of Condy's disinfecting fluid, of which ℥j. was prescribed to a pint of water. A portion of the lotion thus formed was ordered to be put into the hollow of the hand, and to be snuffed up the nostrils several times in the day. The same remedy had been tried in other instances, and was attended with success.

A very excellent preparation for promoting the rapid healing of burns and scalds is used in this hospital;—it is a mixture composed of equal parts of collodion and castor-oil. A coating is formed for the bared tissues, from which, on account of the accident, some of the superficial integuments have been removed; the air is in this way excluded, and the healing process being allowed to proceed in an uninterrupted manner, repair quickly takes place, and the cure of the injury is effected.

In one of the beds was a female patient, who had been admitted for obstinate constipation and sickness. A very careful examination was instituted for the purpose of ascertaining if a hernia had occurred through some of the openings. Such a condition was not, however, detected. Purgatives by the mouth tended to sicken; and it was evident that their use could not be continued, as the patient would be only prostrated by the constant emesis. A long tube was passed up the bowel and an aperient enema administered. The bowels were opened and the urgent symptoms relieved. When the tube was being introduced into the bowel, an obstruction to its passage was noticed, and a clue thus given to the cause of the vomiting and the difficulty in voiding the fæces. The bowel was then examined with the finger, and a tumour was found to be pressing upon it from before, that is, from the direction in which the uterus lay. A closer exploration showed that the growth was one in connexion with the uterus; that it was extra-uterine, and probably an extra-uterine fibroid; that it was not of large size, and not only allowed the finger to pass through the part of the bowel which it constricted, but likewise to get beyond it so as to define accurately the limits of its dimensions. When a sound was introduced into the womb, and that organ moved by the aid of the instrument, the tumour was found to be affixed to the womb, and consequently to be affected with every movement of it. Had an action of the bowels not been obtained, the next point for consideration would be the advisability of making an artificial opening or anus above the site of the constriction.

The next case to which we shall allude is that of a man who for twenty years had been suffering from a stricture of the urethra. Four years ago it became so bad that he was obliged to go to hospital in order to obtain relief. Mr. Holt upon the present occasion first passed an instrument down to the seat of stricture so that he might ascertain with certainty the exact situation of the constriction. This done, he in the next place introduced his apparatus, and getting the point of it through the tightened portion of the urethra, he drove forward the centre piece, by which the sides of the apparatus were opened and the stricture burst.

He then pointed out the immense superiority of this operation for the removal of certain forms of stricture over every other adopted for the same purpose; that here was a man for twenty years a sufferer owing to the condition of his urethra, who obtained, by this method of breaking the constriction, immediate relief; that with ordinary care and with attention to the instructions which would be given him on leaving hospital, he would continue to have a full-sized urethra for the remainder of his life, and would no longer feel any more difficulty from the lesion. Besides these considerations, it should be borne in mind that all the dangers incidental to stricture were removed, and at once. The objections urged against this mode of dealing with the affection are:—First, the pain occasioned. This, no doubt, is in some cases—when the patient is a nervous, fretful man—very severe; but it cannot hold good as an objection, since by the giving of chloroform all sensation of pain can be prevented. In the present instance, no chloroform was used; the man was placed in the standing attitude; the stricture was burst, but so slight was the uneasiness felt on the part of the patient, that beyond a wince at the moment the rupture was made, no symptom of pain was manifested. There are cases in which a great deal of pain seems to be created; and sometimes, indeed, to so

great an extent, as to make the patient faint. These, we should think, are not the common, but the exceptional cases.

The second objection raised by the opponents of the operation is :—That the stricture is not permanently cured by this method, notwithstanding that it is so severe ; and, moreover, that the stricture returns in a worse form than before, owing to the contraction which the cicatricial tissue takes on ; that the return stricture is far more difficult to dilate in consequence of the new material poured out for the repairing of the wound made in rupturing the constriction becoming dense and comparatively unyielding.

A third objection is, that there is no certainty of the extent to which the urethra may be lacerated. Another is, that, as a sequence of the operation, a discharge somewhat resembling gonorrhœa is set up, and at times proves as refractory to treatment as the latter affection. If the stricture be situated near the orifice or meatus urinarius, it is by some advised not to undertake the manœuvre of splitting, but rather to divide it by making a clean incision through it with a blunt-pointed bistoury, or to dilate by means of bougies or catheters.

In answer to the objections just mentioned, it is advanced :—That the stricture will not return provided the patient carry out the instructions which are given him, and that the discharge is by no means so intractable as a gonorrheal ; moreover, when the stricture returns it can readily be dilated in the ordinary manner, that is, by passing a catheter or bougie through it, without there being any necessity for the repetition of the rupturing process.

In the case now under consideration, the constriction in the urethra arose as a consequence of fistula in perinæo which had eventuated in abscesses. There were two strictures : one in the bulb, the other in the membranous portion of the urethra. These, on the admission of the patient into hospital, were so tight as not to allow—except with great difficulty — the passage through them of a No. 1 catheter ; after this had been got through a No. 2 was employed, and, the difficulties having been overcome, it was at length introduced into the bladder.

The tissue causing the constriction was of a very hard nature. The man was advanced in years and his health had been injured by the infiltration of the cellular tissue with urine ; a condition which had supervened when the urine had burst through the urethra and become extravasated.

REVIEW OF BOOKS.

Lectures on the Diseases of the Stomach ; with an Introduction to its Anatomy and Physiology. By William Brinton, M.D., F.R.S., Physician to St. Thomas's Hospital. Second Edition. Pp. 368. Churchill and Sons. 1864.

This work by Dr. Brinton has already become a standard book, and the second edition will be warmly welcomed and extensively read by the Medical public. However much the stomach and its functions may have already formed the theme of numerous writers, so that the subject may almost be considered as hackneyed, there is still room for a scientific exposition, like Dr. Brinton's, of the anatomy, physiology, and disorders, organic and functional, of the chief agent in digestion. Putting aside the numerous cases where the derangements of the stomach are merely functional or symptomatic of disease in other parts, there is a sufficient number of idiopathic and definite diseases of this organ to engage the pen of a systematic Medical writer ; and the lectures in Dr. Brinton's volume 'On Ulcer of the Stomach,' 'Cancer,' and 'Plastic Linitis, or Cirrhotic Inflammation,' are contributions of the highest value to practical Medicine.

In the present edition, Dr. Brinton has revised and enlarged his former materials, the additions for the most part being dispersed throughout the body of the work ; but two chapters, or lectures, have been added at the end, containing some new and somewhat paradoxical views which will not perhaps command a general assent. The subjects of these two chapters respectively are "Gastric Phthisis," which Dr. Brinton describes as a definite, but hitherto unrecognised affection, and "Gout in the Stomach," the existence of which Dr. Brinton disbelieves.

The reasons adduced for establishing the existence of gastric phthisis are, we must confess, not very cogent, and there is as little force in the attempts made to do away with the so-called "gout in the stomach." In fact, even after reading Dr. Brinton's ingenious arguments, we are as little disposed to admit the existence of the one as to deny the occurrence of the other. The words "gastric phthisis" are indeed calculated to mislead, because pulmonary phthisis conveys to the mind a definite idea of tubercular deposition in the lungs, and even in the etymological signification phthisis denotes a wasting of an organ or tissue ; but, on Dr. Brinton's own showing, there is neither tubercular deposition nor wasting of the stomach, nor any other visible pathological change, in his "gastric phthisis ;" while, on the other hand, the word "gout" (or *goutte*, a remnant of the humoral pathology) really conveys no very definite meaning at all, and may be just as well applied to an affection of the stomach as to one of the fingers or toes. The same strictness of language required by Dr. Brinton when he excludes the expression "gout in the stomach," which only means that the same constitutional irritation may attack different organs or parts, should forbid the use of the term "gastric phthisis," which Dr. Brinton tells us is to be "regarded as a kind of neuralgia of the pneumogastric and sympathetic nerves" (p. 350), and which he compares oddly enough to the toothache! We cannot find in Dr. Brinton's gastric phthisis any other condition than those forms of irritability and pain in the stomach which often accompany the presence of pulmonary tubercle, and which require to be treated as symptoms, and very troublesome ones, of the pulmonary affection.

After the above remarks, we need scarcely observe that we hardly coincide with the author in his views on the so-called "Gout in the Stomach." It is quite true that the term is often erroneously and ignorantly employed, just as frontal neuralgia is sometimes called "rheumatism of the head." Nor do we maintain that post-mortem investigation gives us any proofs of the existence of gout in the stomach : but Dr. Brinton does not demand this proof in the case of gastric phthisis. Besides, in a constitutional disease, like gout, depending only on an excess of an acid in the blood, we do not see why post-mortem proof should be necessary ; while, on the other hand, in gastric "phthisis," involving the idea of tubercular deposition, or wasting, the visible effect ought to be manifest. Assuming that gout is caused by the presence of some morbid or retained element in the blood, we see nothing very objectionable in applying the term "gout in the stomach" to those forms of gastric derangement which follow or alternate with the visible development of the disease in the extremities.

At the risk of being considered hypercritical, we must take exception to Dr. Brinton's "biliary cholic," a term he often employs, but which we really do not understand. The word "colic," derived from κωλον, means, we believe, an affection of that portion of the large intestine ; but what is the meaning of "cholic"? It must be derived from χολη, bile, and may mean some derangement of the biliary secretion ; and, indeed, Dr. Brinton defines it as being "caused by inspection of thickened bile in the hepatic ducts" (p. 357). If such is the meaning of the word, then "biliary cholic" must be a tautological expression, like "cholicky cholic," or "biliary biliousness." "Cholic" is not a typographical error, as it occurs repeatedly in Dr. Brinton's pages.

We have made these remarks in no unfriendly spirit, but because we wish to point out the inconveniences often caused by the looseness of language which is creeping into our Medical literature, and of which we are sorry to find so able a writer as Dr. Brinton to be guilty. We are also sorry to add, for the reasons above given, that the two additional chapters or lectures rather detract from than enhance the merits of an otherwise very excellent book.

Photographs (coloured from Life) of the Diseases of the Skin By Alex. Balmanno Squire, M.B. Lond. Class IV.—Parasitic Animals: Scabies. London: Churchill and Sons.

The present coloured photograph is a life-like representation of scabies on the hand of a woman aged twenty, and illustrates what would be called the pustular variety of the affection. The accompanying letter-press contains a description of the disease, and a history of the case from which the photograph was taken. Among the points worthy of notice in the pathology of scabies is the occurrence of what is called the "*acarian furrow*," or the track left by the female acarus in its passage through the substance of the epidermis. This appearance, although minute, is pathognomonic of the disease, and from the extremity of the furrow the acarus itself may be removed on the point of a pin.

First Help in Accidents; being a Surgical Guide in the Absence or before the Arrival of Medical Assistance, for the Use of the Public, especially for the Members of both the Military and Naval Services, Volunteers and Travellers, &c. By Charles H. Schaible, M.D., Ph.D. Pp. 226. London: Hardwicke.

The title of this little work will sufficiently indicate the nature of its contents, which are put together by the author, who is a foreigner, as a manual to be used in case of necessity by soldiers or sailors, who happen to be without immediate Medical assistance. Although Dr. Schaible does not practise Medicine and Surgery in England, he has been educated for the Profession, and has practised it in his own country; and his rules and instructions, illustrated as they are by several woodcuts, will be found useful by the classes of persons to whom they are chiefly addressed.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. S. H. WARD gives a clinical lecture "On Aneurism of the Aorta," and states that sailors appear to be especially liable to aneurism—nearly two-thirds of the cases of aneurism in the New York Hospital, collected by Dr. Darrack, having occurred in sailors. This class of persons are often affected with syphilis and addicted to intemperance, and these causes may, perhaps, predispose to the disease. The use of spirits probably favours the development of atheromatous disease in the coats of the arteries. Dr. Ward states that the larger proportion of cases of aneurism he has met with, not occurring in sailors, have been among persons of intemperate habits. After describing the symptoms and auscultatory phenomena of aneurism, and adverting to some illustrative cases which have occurred in the Dreadnought Hospital Ship, the treatment of this disease, as it occurs in the aorta, is briefly considered, and the external use of ice is strongly recommended, together with generous diet to improve the plasticity of the blood, and the use of iron in combination with digitalis given internally, the latter with the view of diminishing the force of the circulation.——Mr. G. G. GASCOYEN commences some papers "On the Unity of the Syphilitic Virus," and in his present remarks he describes the different opinions now prevailing as to the unity or duality of the syphilitic poison; M. Bassereau having propounded, in 1852, the theory of a double virus, one producing the hard or infecting chancre, and the other the non-indurated, soft, or non-infecting sore; while others maintain that the differences observed are owing to local and constitutional causes, peculiar individual susceptibility, or the sources from which the infection has arisen.——Dr. G. G. ROGERS contributes a paper "On Epilepsy and the Administration of Bromide of Potassium," and relates two cases in which the bromide was successfully employed. In one case the patient was a married woman, and the fits appeared to be in some degree connected with disturbances in the uterine functions, but a long continuance of the use of the bromide of potassium, in large doses, amounting, for some months, to ten grains, fifteen grains, and a scruple three times a-day, succeeded in reducing very considerably the number and the violence of the fits. In order to ascertain that the amendment was really caused by the bromide, Dr. Rogers substituted a placebo for a fortnight, but the patient was at once aware of the difference in the effect, and begged that the original medicine might be again prescribed. The other case of epilepsy occurred in a boy, and the use of the bromide was attended with a marked improvement.——Mr. HENRY SMITH records "Two Cases of Stone in the Bladder where the Lithotrite Scoop was Successfully Used." One case was that of a man, aged seventy-two, and the other occurred in a boy of sixteen. ——Dr. D. JOHNSON relates a case of "Singular Complicated Labour caused by Irregularity of the Sacrum, with Infantile Hydrocephalus." The child was brought down by turning, but it was impossible, by manual exertions, to extract the head from the pelvis; and as the child was found to be dead, perforation was performed, the fluid in the head was discharged, and the delivery was then rapidly accomplished. ——Dr. F. H. MORRIS, in continuing his "Contributions to Practical Medicine and Surgery," relates a "Case of Recurrent Fibroid Tumour." The disease was in the neck, and from some unwillingness on the part of the patient, the operation was too long delayed; and although the tumour was successfully removed, another tumour appeared, and the patient sunk exhausted about five months after the operation. The recurrent fibroid tumour forms a kind of connecting link between the innocent and the malignant growths, and Dr. Morris thinks that if the operation had been performed earlier, the results might have been more successful.

'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY, of University College Hospital, continues his "Lectures on the Urine and Diseases of the Urinary Organs." This, the ninth lecture, embraces the subject of "The Clinical Significance and Pathological Importance of the Presence in the Urine of Inosite, Creatin, Creatinin, Cholesterin, Cystin (Calculi), Xanthin (Calculi), Leucin, and Tyrosin." Inosite, first discovered by Scherer in the muscular tissue of the heart, where it exists largely, is a white crystalline substance, and was supposed by its discoverer to be a kind of sugar, being isomeric with saccharum lactis. It, however, differs from sugar of milk in various ways. The means to be used for testing water supposed to contain inosite is next described, and after it

comes in detail Gallois' method of analysing urine when this substance is thought to be present. In examining albuminous and diabetic urine for this body, certain precautions are necessary to avoid being led into error; these the lecturer enumerates. Inosite is contained in the voluntary muscles of the ox; the crystals, of which a drawing is given, are devoid of colour and transparent, being needle-shaped, stellate, fan-shaped, or of an oblong character. Besides being found in the heart tissue and in the voluntary muscles, inosite exists in the brain, the lungs, the spleen, and the pancreas, and must therefore be looked upon as a normal constituent of the animal economy, wherein its action is not known; but it seems probable that it is an effete product. Healthy urine does not contain this substance, but that of diabetic or albuminurious patients does so, and in appreciable quantities. Sugar and inosite may co-exist in the urine; they are, however, more frequently found in an isolated state as regards each other. A list of affections, and of the organs in those affections in which inosite occurs, is next given. The subject "Creatin and Creatinin in Health and Disease" is then considered. Creatin exists in the urine quite as often as creatinin, but only the latter is excreted, owing to the ready convertibility of the former into it. The chemistry and physiology of these substances are detailed. Little is known respecting their pathological relations. The chemistry of "Cholesterin as a Urinary Deposit" is next examined. Cholesterin is easily distinguished from ordinary fats by being non-saponifiable with alkalies. The best tests for this substance are, that it is extremely soluble in hot alcohol, that it redeposits in a crystalline form when it cools, and that its microscopic character is very well marked. Boiled for a long time with nitric acid, cholesterin becomes converted into oxalic, acetic, and butyric acids. An inquiry into the physiology and pathology of cholesterin is instituted. It exists largely in bile, in the brain and spinal cord, in the substance of the liver and spleen, and in the blood. It is not to be met with in the healthy excretions. There has been mentioned one particular in which it differs from ordinary oils, but another requires to be noted, and that is that it is heavier than water. Pus, especially if it be allowed to stand for several days, very often contains crystals of this material. When they appear in the sputa and in the urine they are then, and, perhaps, only then, of any moment, being evidences of severely-disordered tissue metamorphosis.——Mr. SEDGWICK contributes notes "On a Case of Felonious Administration of a Spanish Fly followed by Epilepsy and Hysteria." The patient, a young girl thirteen and a half years of age, had a jam tart containing a Spanish fly given her to eat. Half an hour after ingestion, giddiness, pain between the shoulders, and a burning sensation in the throat supervened; fainting and insensibility followed; the abdomen became distended; the vulva irritated and swollen; bearing-down pains, nausea, vomiting of blood; scantiness of urine, which was of a high colour; strangury; strongly disagreeable odour in the nostrils; epileptic fits, complicated with hysteria, followed. The treatment consisted in the administration of alkaline salines, mild aperients, and warm fomentations to the vulva. The epilepsy was accompanied with ischuria, probably of an hysterical nature. After a little time the face was noticed to be swollen, sallow, puffy, and the height and size to have decidedly increased. The menses had been entirely arrested in their flow. The sleep was bad. When the health was renewed the epilepsy disappeared, the sleep improved, but the menses did not return for seven months after their disappearance.——Deputy Inspector-General HARE continues his paper "On the Treatment of Malarious Fever." In the present portion of the paper before us the following are discussed:—"Absence of Inflammation in Malarious Fever;" that "poisoned blood stagnates in the capillaries;" "venous hæmorrhage;" "Rangoon and Terai fevers;" "generous diet and quinine vice bleeding and starvation." It was shown from the hospital returns that there was no acute inflammation in malarious fever, but that in dysentery there was so; and, moreover, to such an extent as to cause the effusion of lymph and the gluing together of the intestines with certain other forms of lesion. In fever cases there is immense congestion of the venous system, especially of the veins of the brain and abdomen, attended with passive effusion of serum into the brain, liver, and spleen, and, as a consequence, softening of the tissue of these various organs. The stagnation of the poisoned blood in the portal system is explained by loss of vitality on the part of the blood as well as by the loss of the power of assimilation to the tissues by which it is normally attracted. Owing to the extreme congestion, and the engorgement and distension of the veins of the liver, and by the effusion of blood into the substance of the liver, the secreting cells of that organ are destroyed; only a small quantity of bile is consequently excreted; the blood becomes impregnated with the excretion, the skin is dyed with the same, and the perspiration acquires a strong bilious smell. The spleen and liver are both so pulpified by the congestion which takes place in the fever, that, by merely examining them during life, unless very great caution be observed, there is great danger of rupturing them. Sometimes the blood is so poisoned in malarious fevers that it decomposes as rapidly as occurs in the cases of death from the bite of the snake; and during life oozing of blood will take place from the nostrils, gums, or, indeed, from any open sores. This oozing may in some instances prove uncontrollable, in consequence of the non-coagulability of the blood. The blood will in this manner flow from the gorged mesentery, and blood evacuations will ensue. In a number of cases the oozing can be seen to occur from the entire tract of the mucous membrane of the bowel. Good diet, and in such quantities as the stomach will bear, quinine administered early and freely, quickly removes the congestions and prevents the depravation of blood; there was no tardy convalescence, but, on the contrary, rapid recovery, so rapid that patients left the hospital in about a week; there was no running of the acute into the chronic forms of disease.

THE 'SOCIAL SCIENCE REVIEW, AND JOURNAL OF THE SCIENCES.' Edited by B. W. RICHARDSON, M.A., M.D. December, 1864.

Among other articles in the present number there is a short poem, written in the Spenserian stanza, "On the Pre-Adamite World, and the Creation of Man," by Dr. C. BLACK. The facts and theories of geology are interwoven, with considerable ability, with the poetical description of the primæval globe. In another article the system of "Wet-Nursing by Strangers" is denounced, and the writer, who, by internal evidence, appears to be a lady, points out the ill-effects of the system upon mothers and infants. The moral as well as physical evils following wet-nursing are insisted upon with great force; and it is recommended, when the supply from the mother is necessarily cut off, that the child should be fed upon the milk obtained from some of the lower animals, mixed with farinaceous matter.

PARISIAN MEDICAL NEWS.

TREATMENT OF THE COMPLICATIONS OF DISEASE OF THE HEART.

Anasarca consequent on heart-disease greatly adds to the previously existing obstruction in the circulation and the respiratory organs; the occasionally enormous swelling of the inferior extremities and scrotum is also extremely distressing; these symptoms, therefore, require attention, and although the organic disease of the heart is incurable, the sufferings of the patient may be alleviated, and life in certain cases prolonged.

In his private practice and in hospital M. Trousseau resorts to a variety of remedies, the most efficacious of which are drastics, and more especially the compound tincture of jalap, in doses sufficient to cause as many as fifteen or twenty motions every day. Under the influence of this powerful medication, a large quantity of fluid is poured out on the surface of the intestine, and the œdematous condition of the cellular tissue promptly disappears. In illustration of the good effects of this mode of treatment, M. Trousseau has often alluded to the history of a man in an advanced stage of heart-disease, who presented, when admitted into hospital, so considerable a degree of infiltration that death appeared to be imminent. The compound tincture of jalap was exhibited; copious serous evacuations followed; the anasarca subsided; and life was prolonged for twelve months. A similar case occurred in our own practice. The patient was a lady suffering from œdema of the extremities, and from serous effusion in the chest and abdomen; the same remedy was resorted to, and its effects were such as to avert the necessity of tapping—an operation which might possibly have had the most serious consequences.

When the exhibition of cathartics fails in reducing the œdema, or when the condition of the digestive organs forbids their use, the diuretic wine of the Hôtel-Dieu may often be resorted to with advantage. But if this preparation, if nitre, infusion of leaves of digitalis, and other remedies of the same class prove unavailing, M. Trousseau has recourse to acupuncture—a perfectly harmless procedure if performed with a sharp needle or narrow-bladed lancet. As many as a hundred and fifty punctures may thus, if necessary, be made on the inferior extremities and scrotum, and the discharge is often so copious as thoroughly to saturate the bed. This method affords great and prompt relief, and patients so fully appreciate its efficacy that they generally solicit its repetition.

Another and less known remedy to which we more especially invite attention is the external application of croton-oil.

A blister would doubtless promote the escape of a certain amount of fluid from the subcutaneous cellular structures, but in cases of general anasarca this method would for several reasons be objectionable. In many instances the wound would induce mortification, and in this respect croton-oil is a far safer agent; it causes the formation of an immense number of vesicles through which enormous quantities of fluid are discharged. During the present session, which closes unfortunately with M. Trousseau's retirement from clinical tuition, the Professor delivered an interesting lecture on the treatment of the complications of organic disease of the heart, and expatiated on the benefits derivable from frictions with croton-oil in anasarca. These good effects cannot, however, be attained unless a large quantity of the oil be used, and unless the patient will consent to remain night and day seated in a chair, a position which facilitates the escape of the serous effusion. In one case in which this treatment was instituted with entire success, three or four drachms of croton-oil, spread over soft chamois leather, were daily rubbed in over the entire surface of the legs, and the operation was repeated for three successive days in order to bring out a copious vesicular eruption. The vesicles burst, and through the apertures so considerable a quantity of fluid escaped that the cloths were changed as often as six times in one night. The patient had consented to remain seated in an arm-chair, a position in which he could breathe more freely. It may not be uninteresting to remark that the beneficial influence of the treatment was not at first observable on the lower, but on the upper part of the body; the face, and subsequently the arms, hands, and scrotum, resumed their natural shape, and afterwards the pelvis and legs recovered their natural dimensions. M. Trousseau made no attempt to close these salutary issues, but allowed them to remain open for a fortnight after the removal of the anasarca, and recommends a similar practice in order to prevent a sudden reappearance of the infiltration.

ELECTRIC ACTION OF MINERAL WATERS.

In an original and highly instructive volume, M. Scoutetten had already expounded his theory of the action of mineral waters; and he now submits this important question to the judgment of both the Academies. From the youthful ardour with which this venerable practitioner urges on the revolution it is his object to accomplish in the science of hydrology, it is easy to perceive that he is not merely actuated by a craving for renown, and that in his struggle against prevalent opinions he is encouraged by deep-seated conviction, and by a praiseworthy eagerness for the triumph of ideas which he conceives to be in accordance with truth.

Although most authors agree that the mineralising ingredients of certain spas afford but an unsatisfactory explanation of their therapeutic virtues, all contend that the special operation of several of these springs on the system is obviously due to their composition. Few observers, for instance, will hesitate for a moment to ascribe to sulphur or iron the manifest curative action of sulphurous or ferruginous waters. In addition, a variable degree of importance is also attributed to the temperature of the springs, and to the organic substances detected by the chemist amongst their other components. Fifty years ago, it is true, in a remarkable thesis on 'Iatroleptic Medicine,' M. Gazan, of Vallauris (Var), endeavoured to demonstrate the existence of a kind of *nervous absorption* entirely distinct from that which it is the function of the lymphatics to effect, and which conveys the medicinal impression along the nerves to the brain and spinal cord. After Anglada and Bénard, in 1827, Thiriat, in 1830, and Becquerel, M. Scouttetten is the first who suggested that this vital operation might be the result of electric agency, and minutely studied its effects on the human system.

M. Scouttetten, provided with the most improved instrumental apparatus, and unsparing of his labour, visited the principal mineral stations in France, Corsica, Italy, Germany, and Belgium, and in each placed himself in immediate communication with the resident Medical practitioners; at each spring he instituted a series of experiments, and displayed at Paris, Vichy, Plombières, Contrexeville, and

Luxeuil, unflagging earnestness in the demonstration of his opinions on the science of hydrology.

He states in his first proposition, that whereas the needle of the galvanometer is but slightly deviated by river-water, mineral waters placed in contact with the human body, or merely with the hand, cause a much more considerable deflection. He also instituted interesting researches on the comparative power on the electrometer of waters examined at the springs and of the same waters preserved and conveyed to some distant place. The Bassompierre spring, for instance, at Plombières, causes a deviation varying from 65 deg. to 80 deg., whereas, when bottled and preserved for a few months, the water has very little more effect on the needle than common river-water. At Bourbonne, the deflection of the needle exceeds 80 deg, but falls to 18 deg. after the water has been preserved for a few months in bottle. The natural temperature of the springs also perceptibly increases their electric energy. Thus, the waters of the Roman bath at Plombières (122 deg. Fahr.) cause a deflection of 60 deg. of the needle of the galvanometer, but when cooled to the temperature of the atmosphere, they induce a deviation of 22 deg. only ; hence it appears that mineral waters are extremely active at the springs, but gradually lose their power by exposure to the air, and become utterly inert after a few days' preservation.

M. Scouttetten contends that to their electric virtues mineral waters are indebted for the greater part of their therapeutic properties, and therefore that artificial mineral waters have no medicinal value, but that which may legitimately be traced to their mineralising ingredients.

M. Scouttetten's views are assuredly deserving of every attention, and we cannot but regret that the Academy of Medicine has not thought proper to inquire further into so interesting a subject. It would have been important to submit to the examination of competent authorities the assertions brought forward by the learned Professor, in order to ascertain whether they are correct ; and in case they are found to be true, to determine the comparative share of electricity and of the chemical components in the physiological and medicinal effects of hydro-thermal treatment.—'Journ. of Practical Medicine and Surgery.'

INDIGNATION MEETING OF QUACKS.

(From 'Punch.')

There took place yesterday, at the Hall in the Haymarket, a meeting attended by all the advertising quacks in the kingdom. The occasion of this concourse was the sentence of two years' imprisonment and hard labour on two of their number, Messrs. Henery and Anderson, for the crime of extortion. Amongst the blackguards present were noticed Mr. Stoat, Mr. Skunk, Mr. Foumart, Dr. Cutts, Mr. Larogue, Dr. de la Ruse and Co., and others whose names are notorious.

The chair was taken by Mr. Stoat, who said he was sure that all present would sympathise with their brethren in bonds, their brother Henery and their brother Anderson, whose case might be their own if not to-morrow, anyhow at the next sitting of the Central Criminal Court, or the approaching Assizes. The worthy speaker concluded by using strong language with relation to the judge and jury by whom the prisoners in question had been tried, applying to them each and all a term and an epithet too habitually employed in controversy by the lower orders.

Mr. Foumart said the exposure which had attended the trial of Henery and Anderson was a very bad job. It had aroused the attention of the most powerful part of the Press, which was now exerting its power in a manner calculated to crush them, if any power on earth could. But he had great confidence in certain newspaper proprietors' love of gain, which, he trusted, would, in spite of anything their Editors might say, secure their persistence in allowing to be inserted in their columns those advertisements which writers inspired with virtuous indignation called obscene (a laugh), and infamous (renewed laughter), but which were the necessities of their position, of their very existence as practitioners. (Hear, hear !) If they could no longer advertise, it would be all up with them. But so long as their advertisements were permitted to appear in papers of respectability (laughter) there would be plenty of readers, whom no disclosures, and no cautions or warnings, would deter or restrain from consulting the advertisers. He was happy to say that in spite of all that had been said, the papers that had hitherto published, still continued to publish those announcements that served them for the same purpose as limed twigs did the bird-catchers. (Cheers.)

Mr. Larogue, matriculated member of the University of Perth ! was afraid that the so-called respectable part of the Press would proceed from bad to worse. The 'Lancet' had mentioned names. The same course might be taken by a leading newspaper. One or two of the principal papers might unite not only in denouncing advertisers by name, but also in calling public attention to the papers which continued to insert their advertisements, pointing the advertisements out, and stigmatising the papers in which they appeared as unfit to lie on breakfast or drawing-room tables. That would be enough to smash them all.

Dr. de la Ruse said that must be looked to. However, if the papers were closed to their advertisements they might still fall back on posters and handbills. As yet, happily, there was no law which rendered the authors and distributors of the puffs which so vexed the righteous (laughter) liable to hard labour in the House of Correction. (Hear !)

Mr. Skunk agreed with all that had fallen from the Chairman relative to the judge and jury that had sent poor Henery and Anderson to oakum and the treadmill. But there were other judges and other juries, and, thank Parliament, there was the law of libel still strong enough, he hoped, to enable them to set the Press at defiance. His (Mr. Skunk's) name might be a by-word of infamy, but he didn't care for that one dump, and he exulted at the thought that, notorious as he was, and noisome as his reputation might be, if anybody dared in print to apply to him individually the language that public writers applied to advertisers of his stamp in general, he should, if he chose to bring an action against that party, have no difficulty in finding a barrister to undertake his cause, and very likely persuade a British jury to give him heavy damages. (Loud cheers.) He would move that the meeting resolve itself into a Mutual Protection Society, whose object should be to provide means to enable any one of its members who might happen to be exposed in any of the papers, or other publications, to bring an action against the proprietors of the print in which his practices were reprehended, or any attempt was made to prevent the sale of his medicines. (Hear, hear !)

The resolution having been carried unanimously, the meeting dispersed, and, the room having been cleared,

An officer of the Board of Health (attending by order) entered, and sprinkled the place with chloride of lime.

Capital Punishment Commission.—Meetings of the Capital Punishment Commissioners were held on Wednesday, the 30th ult., and Thursday, the 1st inst., at which the Duke of Richmond, the Right Hon. S. Lushington, D.C.L., the Attorney-General for Ireland, Mr. H. Waddington, Mr. W. Ewart, M.P., Mr. Gathorne Hardy, M.P., Mr. C. Neate, M.P., and Mr. G. Ward Hunt, M.P., attended. The Secretary, Mr. J. H. Patteson, was also present.

Contagious Diseases Act.—The first informations laid under the provisions of this Act at Portsmouth were laid on Saturday, December 3, before the borough bench of magistrates, by Mr. Superintendent H. Guy, metropolitan and dockyard police, and in charge of Portsmouth dockyard, for two notices under the 15th section of the Act. It is believed by the naval and military authorities that the working of the Act will be all that its promoters can wish. The towns affected by the Act are Portsmouth, Plymouth, Chatham, Sheerness, Aldershot, Colchester, and Shorncliffe, in England, and the Curragh, Cork, and Queenstown, in Ireland.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 14, 1864.

A RAILWAY COMPENSATION CASE.

In a case tried at the Court of Queen's Bench last week, a member of our Profession, although fortunately he was neither the plaintiff nor the defendant, was a party very much concerned, and for this reason we allude to the story, which otherwise is an amusing, if not a very instructive one. The conduct of the Medical gentleman alluded to, Dr. David Roberts, requires no defence at our hands, because he was quite able, in his replies to the Lord Chief Justice and to the counsel, to defend himself, though at the same time we are not disposed to commend his part in the transaction. It is some consolation, however, to reflect, when we have had so often to record the manner in which our Medical brethren are robbed and cheated by the public, that Dr. Roberts in this instance has pocketed a good large sum, and, what is more, that he is able to keep it.

The case was originally a railway compensation one; the plaintiff, an omnibus conductor, living in Southwark, had sustained some injury by an accident upon the Great Eastern Railway, for which he supposed he had a claim against the company. He was a member of some club, of which Dr. David Roberts was Medical officer. Dr. Roberts was sent for to attend him, and did so for some time during the months of November and December last year. He recommended him to a patient of his, the defendant, who was a commission agent, but who the plaintiff said he supposed to be "in some way connected with the law," in order to obtain him compensation, and the plaintiff wrote a letter authorising him to settle the claim. Negotiations took place between the company and the defendant, in the course of which the company were informed that Dr. Roberts's "charges were 64*l.*, and were still running," and ultimately Dr. Roberts delivered to the defendant (but not to the plaintiff) a bill for 80*l.*, for Medical attendance, and in the result the defendant received from the company, on the 30th December, 1863, the sum of 210*l.* on the following receipts:—

"Ives *v.* the Great Eastern Railway Company.
"Dec. 30, 1863.

"Received from the above company 200*l.* on behalf of Mr. Ives for injuries arising from an accident on their line. This receipt is in full demand, including Medical attendance."

This receipt was signed by the defendant, and the sum of 210*l.* having thus been received by him from the company, he paid 170*l.* to Dr. Roberts in two distinct sums and by two different checks, of 100*l.* and 70*l.*, the first for the plaintiff, the latter for Dr. Roberts himself, to cover his bill for 80*l.*, deducting 10*l.* which the doctor said he allowed him as bonus. Then Dr. Roberts paid 100*l.* to the plaintiff (deducting about 15*l.* for money advanced to him), and finally a receipt was given by the plaintiff to Edwards, the defendant, for 100*l.*, "exclusive of Medical charges." Thus the plaintiff had received only 100*l.* out of the 210*l.* The present action was brought to recover 100*l.*, the balance of the sum of 200*l.*

The case for the plaintiff was, that Dr. Roberts, being the Medical officer of the club, had no claim against the plaintiff, and that at the time of receiving the compensation money, he (the plaintiff) did not know the amount of Dr. Roberts's charges, which, it subsequently appeared, amounted to 80*l.* for less than two months' attendance. The case for the defence was, that Dr. Roberts was employed as the plaintiff's Medical attendant on the ordinary terms, and that the plaintiff knew that the Medical charges were to be paid out of the compensation money. As we have no desire to enter into the case, except so far as Dr. Roberts is concerned, we leave that gentleman, in his evidence given for the defence, to speak for himself.

Dr. Roberts was called as a witness in support of the defence. He said he was certified Medical officer to the club of which the plaintiff was a member, but was sent for to attend him in the ordinary manner, as the plaintiff did not "declare" upon the funds of the club. He attended the plaintiff professionally on the usual terms, and the plaintiff authorized him to "settle" the claim on the company for him. Up to the 1st of January, 1864, his charges for Medical attendance were 80*l.*

The Lord Chief Justice: Is that what you usually charge persons in his position of life?

Witness: When we charge the railway company. (Laughter.)

The Lord Chief Justice: But you are not charging the railway company; you are charging this poor man. Is that the rate at which you usually charge persons in his situation of life?

The witness explained that in this instance he was to have his charges from the railway company as a separate sum. He saw the Medical officer of the company, and told him he should expect to have his charges from the company; and (as he understood) he assented thereto, and (as he understood) the amount of his charge was to be paid by the company separately. He went on to state that he told the plaintiff he knew a Mr. Edwards, a "commission agent," who had settled claims on railway companies, and who would negotiate compensation for him, holding him free from expense in case of his not succeeding, and receiving 20 per cent. as "commission" on the amount received. Afterwards the witness said he told the plaintiff that the company offered 100*l.* and the expenses. He had sent in his bill to the railway company up to the 16th of December, amounting to 64*l.*

The Lord Chief Justice: Had it grown to 80*l.* up to the 1st of January?

Witness: Yes, it had. He went on to state that Edwards paid him 180*l.*, out of which he paid the plaintiff the 100*l.*, less the sums advanced. He had given Edwards a receipt which ran thus, dated the 1st of January, 1864:—

"To professional attendance and medicine from the 3rd of November to the 1st January, 1864, rendered and supplied to Mr. Ives, 80*l.*

"Received the above from Mr. Edwards.
"DAVID ROBERTS, M.D."

Cross-examined by Mr. H. James: Are you a physician?—I have graduated in Medicine, and am an M.D., and hold six diplomas, and am qualified both as surgeon and physician.

You are qualified as a physician and to charge as a physician?—Yes.

It was elicited from him that Edwards was a patient of his, and that he knew him as a trustworthy man who settled claims on companies. He paid Edwards, he said, 10*l.* out of the money he himself retained.

The Lord Chief Justice: What, as a bonus?

Witness: Yes.

In answer to another question, he said he had received 180*l.* from Edwards and retained 80*l.* for his charges.

The Lord Chief Justice: What did you do for him?

Witness: I attended in the usual way. I watched the symptoms. (Laughter.) I made applications; there was the ordinary treatment.

Mr. James: Not much medicine I believe?

Witness: What was necessary.

Mr. James: Now, you never sent the plaintiff the bill. Pray, did Edwards ask you if he had seen it?—No.

You knew that Edwards had received 210*l.* from the company?—Yes.

Did you tell the plaintiff that Edwards had received 210*l.* from the company?—No.

Why not?—I did not think it necessary.

The witness was pressed if he had not deducted 30*l.* out of the 100*l.* he paid the plaintiff; but that he denied. He was then asked if he had not told the plaintiff that he had received the expenses and commission above the 100*l.* so "paid" to the plaintiff, and he said he had.

Mr. James: Did he not ask you what was the sum received from the company above the 100*l.*?—I have no recollection.

The witness further denied that he had deducted 30*l.* for expenses, and said he paid the plaintiff 90*l.* or 85*l.* He went on to say that the plaintiff was "satisfied."

The Lord Chief Justice: Satisfied! Why, yes; a man may well be satisfied to receive 100*l.* if he thinks he has no more to receive, but he might not be so satisfied if he knew that 200*l.* had been received.

Mr. James: Did you tell him what the amount of your charges was?—No. He never asked.

Did he ever agree that the amount should come out of the sum received from the company?—Yes, he did. I told him that I should charge the company different from other patients, upon the principle that those who can afford to pay should pay for those who can't. (Much laughter.)

The Lord Chief Justice: That, I suppose, is the "principle" upon which this account was made up? (Laughter.)

Mr. James: Pray did he not ask you in January what sum had been received from the company?—Yes, he did.

What answer did you make?—That 100*l.* had been received for him.

The Lord Chief Justice: That, you know, was untrue?—No, there had only been 100*l.* received for him; there were the expenses.

The Lord Chief Justice: But you know that in any view the "commission" of Edwards was a matter between him and the plaintiff?

Witness: Well, at all events, that was the answer I made.

Mr. James: Pray did you then tell him that 210*l.* was the gross amount received from the company?—No.

Why not?—Well, I thought he had spent all he had received and wanted more, and I saw no reason to tell him, as the expenses and commission were to come out of the amount received.

The witness was then pressed a good deal as to whether he had not attended the plaintiff as Medical officer of the club, and he at last admitted that he had first attended him in that character, but he insisted that afterwards he had attended him as a railway patient, and on the understanding that he was to receive the full amount of his charges out of the sum paid by the company.

The result of the case was, that after a very able summing up by the Lord Chief Justice, the jury returned a verdict for the plaintiff upon certain points, and assessed Dr. Roberts's charges at the sum of 20*l.*, being 60*l.* less than he actually received. This decision will in no way affect Dr. Roberts, who retains his money; and we very much doubt whether the verdict will stand, as the Lord Chief Justice gave leave to the opposite side to set it aside on the ground that it was against the evidence. But with this and other minor features of the case we have no concern, and we only allude to the trial, as we have above remarked, because the honour and the character of our Profession are in some measure involved in the part played by Dr. Roberts.

That gentleman is a duly registered member of our body, and possesses a host of qualifications. He is a Doctor of Medicine of Glasgow, a Licentiate of the Royal College of Physicians of Edinburgh, 1859, a Licentiate of the Faculty of Physicians and Surgeons, and a Licentiate in Midwifery of Glasgow, a Member of the Royal College of Surgeons of England, 1855, and a Licentiate of the London Society of Apothecaries, 1859. Nevertheless, we are not disposed seriously to contest the force of the observations made by the Lord Chief Justice in his summing up, to the effect that a bill of 80*l.* for less than two months' attendance upon an omnibus conductor is an extravagant charge, even although the amount is to be recovered from a railway company; nor are we prepared to defend the propriety or expediency of a Medical man assisting in arranging the terms of a compromise in a case of railway accident.

Dr. Roberts, in his examination, is pressed to state whether he is qualified as a physician and to charge as a physician, and he says he is, although one would think that attendance on a case of accident on a railway rather fell within the province of a surgeon, in which capacity, however, Dr. Roberts is also qualified. He further supplied medicines, which function belongs to the domain of the apothecary, in which Dr. Roberts is also qualified to practise. Still, we repeat that, in our opinion, Medical, surgical, and pharmaceutical services altogether were hardly entitled, under the circumstances, to the payment at the rate of a guinea a visit. The fact is, that as the whole attendance lasted only from the 3rd of November to the 30th of December, the payment for several days must have been charged at the rate of two or more guineas a day.

Time was when the conventional idea of a physician was that of a Medical man who confined himself to prescribing medicines, but did not supply them, and who, in consideration of his spending more time than others in the pursuit of science, and of his abstinence from seeking after small fees, was rewarded by the public with the customary guinea. But *nous avons changé tout cela*, as the doctor says in Molière's '*Médecin Malgrê lui*,' and we have heard of Members and even Fellows of the Royal College of Physicians of London who have seen respectable and well-to-do patients twice, or even three times, for a single guinea; but such "small deer" as these must be beneath Dr. Roberts's notice.

Still, many of the replies given by Dr. Roberts to the Lord Chief Justice and to the counsel deserve more serious attention than they appear to have received from the audience of the Court of Queen's Bench, where we learn they were greeted with reiterated bursts of laughter. The public seem to have been particularly amused by the observation of Dr. Roberts, "that he charged the company differently

from other patients, on the principle that those who can afford to pay should pay for those who can't." There is an amount of force and significance in this remark which is really worthy of record. If (as is probable) there were any tailors on the jury, they must know perfectly well that the charges made by that class of tradesmen are levied exactly on the principle so naïvely expressed by Dr. Roberts; and in respect to the Medical Profession, the sentiment is really justifiable when we reflect on the enormous amount of gratuitous Medical advice and medicine distributed to the community, to say nothing of the meanness of many *quasi*-paying patients, and the downright dishonesty of others.

Again, in reference to the principle of making railway and other companies and respectable people in general pay much more than poor individuals, and as to the system of making speculative charges in the hope that some solvent person or persons will pay them, are the members of the legal Profession blameless in this respect? Suppose, in the case now alluded to, that, instead of compromising the matter, the omnibus conductor had brought his action against the company, would not Serjeant Buzzfuzz and Mr. Bouncer, Q.C., who would have left the omnibus cad to get his remedy as he could, if his adversary had been a coal-heaver or a costermonger, have eloquently pleaded his cause under the hope and expectation of recovering damages and costs from a great railway company? And although Dr. Roberts has got his 80*l.* for two months' Medical attendance, would not a much larger sum than that have been expended in law in one or two days? This is the "humour of it," as Nym says; and as Dr. Roberts has got the money instead of the lawyers, we see no great cause for lamentation on that account.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your affording me space to lay before the Poor-law Medical Officers the following Bill, in order that they may give it their serious consideration prior to the meeting of Parliament. It will be seen that I have thrown upon the General Council of Medical Education, in conjunction with the Poor-law Board, the responsibility of fixing our salaries, which I trust will be the means of preventing the opposition of the Guardians to the Bill. I hope my Medical friends will not object to the establishment of dispensaries in all densely-populated places, as I feel sure it will not only be beneficial to the poor, but that it will tend to elevate the Poor-law Medical Officer in the opinion of the public, and save him a vast amount of time which might be far better spent than in dispensing medicine.

I am not at present prepared with a member of Parliament to take charge of the Bill; if, therefore, any Poor-law Medical Officer can induce an honourable gentleman to do so, and will communicate with me on the subject, I will furnish all requisite information.

I am, &c., RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
6th December, 1864.

"*A Bill*

"On the subject of Poor-law Medical Relief, with a view to secure to the poorer classes the most efficient medicines and to the Poor-law Medical Officers a uniform and equitable rate of payment.

"Whereas it is expedient to alter and amend the laws relating to the Medical relief of poor persons in England and Wales, Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons in the present Parliament assembled, and by the authority of the same as follows:—

"1. That within six months after the passing of this Act, it shall be the duty of the Poor-law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, to lay down a uniform system of Medical relief for the poor.

"2. That the Poor-law Board shall order the establishment of dispensaries in all those parts of unions, incorporations, and parishes under local acts, where the population resident in an area the diameter of which is less than four miles exceeds ten thousand in number, and, when they deem it expedient, may unite the Medical departments of two or more unions, incorporations, or parishes, for the purposes of this Act.

"3. That in unions, incorporations, and parishes under local acts, or parts of one or the other, where the population is much scattered, the Poor-law Board may allow the Poor-law Medical Officers to find medicines for the sick poor, and shall direct the guardians to pay them, in addition to their salaries, such sum or sums of money as the Poor-law Board, under the advice of the Medical Council of Education and Registration, shall advise.

"4. That the Poor-law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, shall fix the salaries of all the Poor-law Medical Officers, whether union, parochial, or under local acts in England and Wales, on a uniform and definite principle, especial regard being had to the number of sick poor attended by them and the distance to be travelled.

"5. That the Poor-law Board, under the advice of the General Council of Medical Education and Registration of the United Kingdom, shall draw up a list of cases for which extra Medical fees shall be paid, and also fix the amount of money which shall be allowed for each case on such list; but should the Guardians be desirous to commute the extra Medical fees, they may be allowed to do so, on making a triennial calculation of the amount of fees which have been paid during the preceding three years and adding them to the salary, but where the fees have already been commuted that then a calculation of the cases where fees would have been payable, but for the commutation, shall be made and the amount added to the salaries.

"6. That all medicines found by Boards of Guardians or their Medical officers, all salaries, and all extra Medical fees shall be paid for out of such moneys as shall be annually voted by Parliament for the purposes of Medical relief, and by the Boards of Guardians in equal shares and proportions; or in default of any parliamentary grant for the purpose, then the whole payment shall be a union charge.

"7. That the Poor-law Board shall annually lay before Parliament a classified report of the diseases treated by the Poor-law Medical Officers in each union, incorporation, or parish under local act in England and Wales, and also the number of deaths occurring in each class.

"8. That the statutes now in force, or rules, orders, and regulations of the Poor-law Commissioners, or Poor-law

Board, or parts of either one or the other, which are contrary to the true intent and meaning of this Act, shall be, and they are hereby repealed and rescinded; and from and after six months from the passing of this Act shall have no force or effect; but nothing herein contained shall prevent the Poor-law Board issuing any order or orders, or making any rule or rules or regulations for the better carrying out the true intent and meaning of this Act."

THE GOSS TESTIMONIAL FUND.

To the Editor of the Medical Circular.

Sir,—I beg to enclose the second list of subscriptions to the above Fund, which I shall feel obliged by your publishing in this week's Medical Circular:—

	£	s.	d.
The Proprietors of the 'Medical Mirror'	1	1	0
C. J. B. Aldis	0	10	6
J. Braly, M.P.	0	10	6
F. Blackman	0	10	6
R. Buswell	0	10	6
J. Cooper	0	10	0
G. Fowler	0	10	6
G. Hewitt	0	10	6
B. Hicks	0	10	6
W. Harvey	0	10	6
Henry Johnson	0	10	6
Edward Jones	0	10	6
H. H. Massey	0	10	6
H. Meadows	0	10	6
A. M. McWhinnie	0	10	6
T. R. Mimpress	0	10	6
H. K. Owen	0	10	6
P. M. Powell	0	5	0
G. Roper	0	10	6
T. Remington	0	5	0
J. Skaife	0	10	6
W. Soper	0	10	6
W. Wood	0	10	6
Edward Willett	0	10	6
J. J. Williams	0	10	6
W. H. Wilshire	0	10	6

30 Newington place, S., December 7, 1864.

I am, &c.,
Nowell Stowers.

CASE OF GENERAL EMPHYSEMA OCCURRING DURING LABOUR.

To the Editor of the Medical Circular.

Sir,—The following case may be interesting to some of your readers, viz.:—

On September 14, I was called to attend Mrs. A. T., a healthy, well-nourished young woman, in labour with her first child. The "pains" were strong and regular, the os uteri well dilated, and labour progressing favourably, when suddenly the patient complained of a violent stabbing pain just below the left breast, and shortly after called my attention to her face, which she said had begun to swell. On examination, I found the cellular tissue of the face, arms, and thorax, &c., very much distended, pitting and crackling under pressure. Uterine action being entirely suspended, there being severe dyspnœa, and air escaping rapidly into the cellular tissue during every act of respiration, I applied the short forceps and completed the delivery. I then made numerous small punctures into the cellular tissue (where the tension was greatest), from which the air readily escaped, to the great relief of the patient, who soon made a speedy recovery without any bad symptom.

As I could not detect any fractured rib, I must conclude that the pleura was ruptured by violent uterine action.

I am, &c.,
Lynton, North Devon. J. R. Elliott, L.K.Q.C.P.I.

Obstetric Compliments.—At the meeting of the Obstetrical Society of London, on the 7th inst., the following gentlemen were elected Foreign Honorary Fellows:—Professor Hecker, of Munich; Professor Paget, of Paris; and Dr. J. Marion Sims, of Paris.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

November 21st, 1864.
Dr. Greenhalgh, President, in the chair.

A paper was read by Dr. Henry Lee, F.R.C.S.,
ON DIFFERENT MODES BY WHICH CONSTITUTIONAL SYPHILIS MAY BE COMMUNICATED.

Until within a comparatively short period, the author observed, it was of late years a well-nigh universally received opinion in Europe, that syphilis could only be communicated by a primary syphilitic sore; that a chancre which was followed by secondary symptoms was always the result of contact with the secretion of a similar affection. Great and grievous have been the injuries inflicted by this theory both on single and on married persons; for anyone who in any way had contracted syphilis under the reign of this cruel dogma was pointed at with the finger of scorn, was accused of having necessarily contracted the disease in some illicit way, and was not unfrequently most unjustly excluded from society. More than this; cases not unfrequently occurred, and have occurred under the author's own observation, where legal proceedings have been threatened or actually carried into execution, in consequence of a person having, as was supposed, contracted fresh disease after marriage, the parties instituting the proceedings being misled by the doctrine which then prevailed. The following case was given in illustration:—A gentleman who had had syphilis married. A few months afterwards his wife was found to have some indurated tubercles about the labia, with corresponding enlargement of the inguinal glands. A secondary eruption followed. The friends of the lady ascertained the nature of the disease, and being instructed according to the prevailing theory, accused the husband of having been unfaithful after his marriage. In this stage of the case the question was put to the author, "Can the husband have given the disease to his wife without himself having had a primary chancre?" Mr. Lee was enabled here entirely to clear the husband's character as far as his conduct subsequent to his marriage was concerned. Nor is the evil which this false theory has produced restricted to private life. Many and various have been the plans suggested for the prevention of the extension of disease amongst our soldiers and sailors; but while much pains have been at times bestowed to prevent the contagion of primary disease, comparatively little attention has been given to the subject of the equally contagious nature of certain secondary affections. It is to be hoped that the Government Commission appointed to investigate this subject will now take into its consideration the whole of the facts calculated to illustrate the real nature of the disease, the best mode of preventing its extension, and the most approved methods of treatment. Scarcely six years have elapsed since a most eloquent and able course of lectures was delivered in this room, the principal aim and object of which was to prove that the whole series of secondary syphilitic affections were not inoculable, and most carefully and fully did the talented author of those lectures express the opinions which were then generally received. Since that time the subject had not, Mr. Lee believed, been brought fully under the notice of this Society, and he had ventured, therefore, to do so upon the present occasion. Cases were then read illustrating the communication of the disease to a healthy women from a diseased child by means of an indurated ulcer on the breast, and the communication of the disease by vaccino-syphilitic inoculation. Numerous other cases of vaccino-syphilitic inoculation have now been recorded; and Dr. Viennois quite recently communicated to the Medical Congress at Lyons two fresh observations in addition to those which had previously been collected. On the 15th of May, 1862, six children were vaccinated. Five out of the six between three and four weeks afterwards had indurated ulcers on the inoculated parts. Each one of these five children communicated the disease to members of its own family, so that twenty-three persons were infected from this single

sonrce. The mothers and nurses of these children had first a chancre on the breast. The fathers of the children and the husbands of the nurses remained healthy until some form of secondary disease appeared on the private parts of the mothers and nurses, and then the husbands, in some cases, contracted the disease, which appeared in the form of a primary chancre. In a second case mentioned by Dr. Viennois, two children were vaccinated from the same source, and at the expiration of thirty-five days they both had an indurated chancre upon the inoculated parts. Dr. Viennois had proposed, in order to prevent the recurrence of such serious mischief, that the inoculation of the cow-pox or the horse-pox from the animals themselves should be substituted for the ordinary mode of vaccination ; and it appeared that at Naples there actually exists an establishment for the purpose of carrying out this idea. The cow-pox is there inoculated on heifers. These heifers are driven about to different parts of the town as donkeys are here for the purpose of furnishing donkeys' milk. When anyone wishes his children to be vaccinated, a heifer is brought to the door ; the driver removes a vesicle with a pair of scissors and gives it to the doctor on a pair of forceps, who then vaccinates the children with its contents. The fee for this kind of vaccination is five francs. The author observed that in speaking of vaccination our foreign neighbours very frequently used the term "vaccine pustule," and he had reason to believe that want of accuracy here might lead to some very serious mistakes. The vaccine poison produced a disease which essentially was not pustular. The vaccine lymph, examined under the microscope, contained no pus-globules at the time when it was fit for use. If the vesicle were allowed to remain, no doubt pus-globules would be formed ; and if the purulent fluid were inoculated, a suppurating sore might be produced instead of the proper vaccine vesicle. Attention to the nature of the inoculated fluid he (Mr. Lee) believed to be very important, and thought that many of the "bad arms" seen after vaccination might depend upon other matters besides the pure lymph having been inoculated. There could be no doubt, he remarked, that the action which produced a pustule was one of an entirely different nature to that which produced a vesicle ; and unless these two actions were practically distinguished, Medical men ran a great risk of inoculating a different disease to that which was intended. In these observations he did not allude to the presence of any separate specific poison in the inoculated matter, but simply to the kind of action which was intended to be communicated by the operation. If pus were inoculated, a pustule would probably result ; it would be a suppurative action, and liable to all the complications which occasionally follow suppuration in a part. The author was informed by Mr. Tomkins, of the National Vaccine Establishment, that he had seen very serious constitutional effects follow the inoculation of the cow-pox taken from the cow. How far such effects depend upon pus being inoculated instead of lymph demanded our serious consideration. In the interest of science, we were called upon carefully to distinguish these two actions, and in practice certainly vaccination should never be performed with matter taken from a pustule. In the year 1854 the author published some lectures on syphilis which had been delivered the previous year at the Lock Hospital ; and, in the fourth lecture, he dwelt upon the two kinds of results produced by syphilitic inoculation. He then stated : "In one case the appearances are in their origin—those of the adhesive inflammation ; in the other, of the suppurative inflammation. And these constitute two very different classes of disease, both in respect to the local affections and their constitutional consequences." At this time every syphilitic inoculation was generally supposed to produce a "pustule"; and the production of this pustule was not only taken as the sure evidence of the syphilitic nature of the disease, but as a test for the necessity of giving mercury for its cure. Had we earlier learnt to distinguish the different kinds of morbid action which syphilitic inoculation gives rise to, much of the confusion which has reigned with regard to this branch of knowledge would have been avoided. It is now generally admitted that real syphilitic inoculation does not produce a pustule ; that the disease which infects a patient's constitution commences as an abrasion, a pimple, or a tubercle ; that the disease which does produce a pustule when inoculated is a disease of an entirely different kind, and that its effects are entirely local. Those who, therefore, maintained that the production of a pustule by inoculation was an indication for the administration of mercury, were advocating exactly the reverse of that which more recent observation has established. There can be no doubt but that the real infecting form of syphilis, commencing with a form of adhesive action, will, during some period of the existence of the primary affection, give rise to a puriform secretion, just as the vaccine disease will, after the ninth or tenth day, produce some pus-globules ; but that does not in any way prevent us from recognising the essential characters of the disease, in its origin and in the induration which is subsequently produced, as quite distinct in one case as in the other from any purely suppurative action. Mr. Lee was led to dwell somewhat upon this subject as the distinction which he drew between the two kinds of syphilitic sores as far back as 1854 has been called in question by some of our continental brethren. They have said that a true chancre will secrete pus ; a fact which Mr. Lee had always allowed. And so, he observed, will a vaccine vesicle, especially if irritated. In one case as in the other the disease begins without suppuration ; and, if accidental causes of irritation be prevented, a very few days will leave the disease marked by the circular induration, and unaccompanied by any suppurative action whatever. One of the author's critics had supposed that in some drawings published last year of the microscopical appearances of the secretions of the two different kinds of syphilitic sores Mr. Lee had fallen into a mistake from not knowing the appearances of a pus-cell under the microscope. Mr. Lee thought he might at least have escaped this criticism had he mentioned that his friend, Professor Beale, had been good enough to make the drawings in question for him. The two kinds of action which were now described were very important, as enabling us to understand some forms of inoculation which otherwise would appear to follow no fixed law ; particularly cases in which there has been a twofold inoculation, and where a mixed form of chancre has resulted. Such cases are not unfrequently observed in practice, but the evidence of their twofold origin is there not so satisfactory as if it had been the result of experiment. The evidence from direct inoculation is not, however, wanting. M. Melchior Robert has shown that if the secretions from the two kinds of chancres be inoculated by a single puncture on a healthy person, a soft chancre originating in a pustule will first appear, and subsequently an indurated chancre followed by secondary symptoms. M. Lindwurm has proved that if the secretion from an indurated sore be inoculated on a soft or suppurating sore, that sore will gradually be transformed into an indurated chancre, which will be followed by secondary symptoms ; and M. Rollet has often demonstrated the fact that if the pus from a simple chancre be placed on the surface of an indurated sore, the affection will assume all the characters of the "mixed chancre." The limits of the present communication would not allow the author to go more fully into the subjects of the different kinds of secondary affections which are communicable by inoculation, nor of the inoculability of different kinds of secretion, as the milk, and the semen derived from a syphilitic subject. He would only remark, that, as far as his own knowledge went, he was not prepared to admit the inoculability of any secretion derived from a syphilitic subject without some increased or diseased action in the organ producing that secretion. Thus the saliva from a syphilitic person with a healthy mouth would not, so far as he knew, produce syphilis in another person. The milk from a healthy breast of a syphilitic woman would not produce the disease in the mouth of a child. The semen from a syphilitic person with healthy organs of generation would not prodnce syphilis, by being bronght into contact with the mucous membrane of the vagina. But let any of the parts become diseased, or let them be subject to increased

action in a syphilitic person, and then the secretions from those organs have a power which they had not before, and might communicate the disease directly to any part with which they came in contact. The following case was given in illustration :—A gentleman requested to know what was the matter with him, and was informed that he had a chancre which would infect his constitution. He said it was impossible, as he had never seen but one person, whom he had known for a long time, who had nothing the matter with her, and who was quite willing to be examined if the fact were doubted. This person was accordingly examined. The mucous membrane of the vagina was red and congested, and a muco-purulent discharge issued from the vagina. There was no sore or abrasion of any part. On examining the chest and arms a distinct syphilitic eruption was visible, which she said she had had for some years, and believed to be the "nettle rash." It was then apparent in this case that the man had not been infected by this person, although in the way of becoming so, until, from some cause or other, some local increased or diseased action was produced in the organs of generation, and that then the secretion from those parts was inoculable. In this case the patient obtained the certificates of two Medical men to say that she was free from disease.

HARVEIAN SOCIETY.

NOVEMBER 17, 1864.

WILLIAM ADAMS, ESQ., F.R.C.S., PRESIDENT.

(Continued from page 381.)

EFFECTS OF THE CLIMATE OF TASMANIA ON THE CHILDREN OF THE COLONISTS.

Mr. CURGENVEN would be glad to know if any member could give information as to the effect of Australian climates on the settlers and their offspring. In Tasmania he had heard that the climate was injurious to children. The heat of the day was excessive ; the nights very chilly. He believed epilepsy was common among children. The female children grew tall and thin, and their teeth decayed soon ; also the white part at the root of the nail disappeared.

Mr. JAKIN said that the tallness of young females is very marked, and they are called "corn-stalks" for their slenderness. There is large infant mortality in Australia, and much insanity prevails; also tendency to rheumatism, and absence of chest complaints.

The PRESIDENT had heard that adults agree well with Australia, while children do not. He was acquainted with an Australian family, where the girls were certainly all very tall, and answered the description given by Mr. Curgenven.

A debate was held on

SORE NIPPLES, MAMMARY ABSCESS, AND REMEDIES FOR THE SUPPRESSION AND EXCITATION OF MILK.

The PRESIDENT mentioned a case of diseased knee-joint which had come on after the patient had caught cold, and had suppression of milk in consequence. The knee became anchylosed, and he did not know to what category of affections to refer the case, whether pyæmia or rheumatism. He had broken down the anchylosis under chloroform successfully.

Dr. ROYSTON had rarely in his practice any cases of mammary abscess, and this he attributed to his advice to the mothers to place the child to the breast as soon as possible after birth. The best remedy for suppression of milk he had found to be a lotion of camphor dissolved in spirits of wine, applied to the breast.

Dr. GRAILLY HEWITT observed that, for the prevention of sore nipples, it was very advisable to inquire into the condition of the nipples before parturition. If necessary, they ought to be elevated by gentle sucking for some days before delivery; also, tender nipples might be bathed in a decoction of oak bark. After labour, the infant should be applied to the breast as soon as possible, in order to accustom it to suckle. He had found the best lotion for sore nipples to be a solution of nitrate of silver, in which case the child should suckle through a nipple shield. Sore nipples and mammary abscess are closely connected ; in apparent abscess sometimes there is no pus, but only milk, even where the skin is red. In such cases the breast should be rubbed and gently pressed ; this will often cure the apparent abscess. Treatment of chronic mammary abscess requires simply attention to the general health in some cases for its cure. A lady-patient had suffered recently from this painful complaint. She was placed by Dr. Hewitt on a diet containing a bottle of champagne every day, with some brandy, and was able to get about in a week.

Dr. BALLARD said that his experience had taught him that the welfare of both mother and child was best secured by delaying the application of the infant to the breast for a few days after delivery. The natives of India had this custom, and it was natural to suppose that they had found it beneficial. If the infant be put to the breast before the third day, it will generally be found to suffer from green motions and diarrhœa ; and the mother will be liable to after-pains, and to many diseases of the puerperal state. Large breasts in women were no proof of large secretion of milk ; the only proof is the condition of the nursling. He was convinced that the common practice of early putting the child to the breast was opposed to sound physiology.

Mr. JAKINS believed one of the best means for suppressing milk was lotion of belladonna, with salines ; and for promoting the flow he had heard that the leaf of the castor-oil plant was a good remedy.

Mr. WEEDEN COOKE believed that, in chronic mammary abscess of either breast, we must abandon suckling in both, or the bad breast will not heal. Pressure was a good means of suppressing milk. It was best made by means of diachylon plaster strips. In many cases of mammary abscess cold lotions are more useful than hot.

Dr. GRAILLY HEWITT corroborated Mr. Cooke's assertion that it was necessary to avoid suckling with the healthy breast, in order to allow the one with abscess in it to heal.

Mr. SEDGWICK thought the custom of the Indian women ought not to be cited in favour of any practice of suckling, since he had seen the results of their customs, which were by no means agreeable. They are accustomed to suckle their infants for three years, in order to keep back the next pregnancy, and in consequence their breasts become large and pendulous, reaching down nearly to the navel.

OBITUARY.

DEATH OF WILLIAM SENHOUSE KIRKES, M.D., F.R.C.P.

We deeply regret to announce the premature death, at the age of forty-one, of Dr. William Senhouse Kirkes, Physician to St. Bartholomew's and Lecturer on Medicine in the Medical School of that Hospital. Dr. Kirkes was educated at the hospital, and distinguished himself in his physiological studies. He graduated at Berlin in 1846, became a Member of the College of Physicians in 1850, and was elected a Fellow in 1855. His 'Handbook of Physiology,' which first appeared in 1848, and in which he was assisted by Mr. Paget, was a brief abstract of that comprehensive science, and was a clear, able, and most accurate book, had great popularity, and was deservedly held as an authority. Among the most important of Dr. Kirkes's contributions to the science of Medicine were his papers on "The Detachment of Fibrinous Deposits from the Interior of the Heart, and their Mixture with the Circulating Blood," published in the 'Medico-Chirurgical Transactions' for 1852. Together with the eminent Virchow, the name of Kirkes stands connected with the subjects of Thrombosis and Embolism, which have thrown a flood of light upon some diseases hitherto obscure, and are among the most interesting and suggestive phenomena in modern pathology. Dr. Kirkes was one of the Commission nominated by the Admiralty and Horse Guards to inquire into the nature, treatment, and prevention of venereal disease. He had attended the last meeting of the committee in the commencement of last week, and came home complaining of a feeling of

cold and depression. He became rapidly worse, and pleurisy developed itself, with pericarditis and hæmaturia, and he died on Thursday morning last. The news of his decease caused the most painful feelings among his colleagues and the students at St. Bartholomew's, and the lectures on that day were suspended at the hospital in consequence of the mournful event. Dr. Kirkes had the benefit of the skill of his friend and colleague, Dr. Burrows; but he never rallied. He has been cut off thus suddenly in the early part of a career full of promise, and his loss under such a painful visitation will be felt most deeply. Dr. Kirkes was a man of slender form and somewhat delicate appearance; he was an excellent lecturer, although his voice was not very powerful; and he was a great favourite with the students.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 8th inst., viz.:—John Forbes, Royal crescent, Notting hill—diploma of membership dated April 10, 1827; Robert Garner, Stoke-upon-Trent—diploma of membership dated March 4, 1831; John James Tweed, Upper Brook street—diploma of membership dated July 25, 1842; Frederick Wallis, Bexhill, Sussex—diploma of membership dated December 16, 1842.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst.:—Frederic Henry Appleby, East Retford, Notts; George Benson Baker, Cross street, Islington; Robert Farrer Brideoak, Leigh, Lancashire; Charles Henry Butlin, Camborne, Cornwall; Robert Charles Earl, Totnes, Devon; Thomas Markby, St. George's Hospital; Robert Edward Owen, Guy's Hospital; Charles Meymott Tidy, The Hollies, Cambridge heath.

The following gentlemen also on the same day passed their first examination:—Charles Lyon Ridout, St. George's Hospital; John Challen Duke, King's College.

CAMBRIDGE.—The following gentlemen passed the first M.B. examination in November last:—R. J. Lee, B.A., Caius; G. Mickley, B.A., Clare.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—At the annual meeting Dr. Burt was unanimously re-elected President of the College. The election dinner took place in the evening, in the hall of the College in Queen street, when amongst the guests present were—The Right Hon. the Lord Provost, his Grace the Duke of Argyll, the Lord Advocate, Lord Neaves, Mr. Whyte Melville, Mr. Bell, President of the Royal College of Surgeons, and his council; Dr. Ritchie, President of the Faculty of Physicians and Surgeons of Glasgow; Professors Moir and Spence, Dr. Currie, C.B.; and the Medical officers of the garrison, &c.

THE ARBROATH INFIRMARY has recently received 100*l.*, being a legacy of the late ex-Provost Johnston, in addition to a legacy of 300*l.* previously bequeathed by Mrs. Johnston.

THE SWISS POISONING CASE.—The Italian journals 'Il Movimento' and 'Il Popolo Italiano' contain full particulars of the suicide of Dr. Demme and Miss Flora Trumpy. After leaving Milan they went to an English hotel, or boarding-house, called the Casa Gropello, in the little town of Nervi, near Genoa. At noon on November 30 the landlord finding they did not leave their bedroom, and having knocked several times without getting an answer, broke open the door in presence of a magistrate. Dr. Demme was found dead on the bed, and Miss Flora also dead, stretched on the floor. The Swiss Consul at Genoa telegraphs that they committed suicide by poison. Their bodies were publicly exposed in the Nervi market-place, under the guard of two carabineers. In the bedroom was found a paper, written by Dr. Demme, containing his name and that of Miss Flora Trümpy and the address of his father. A telegram was immediately sent to Berne, and the directions of the relatives were awaited for the disposal of the bodies. This extraordinary couple, who thus accomplished the suicide which a fortnight before they had threatened to perpetrate in the Lake of Geneva, had spent all their money. Only a few coppers were found on Dr. Demme's person. The paper left mentioned their intention to destroy themselves, but assigned no cause. It appeared from the position of the bodies and otherwise that Dr. Demme was the first to commit suicide. He was found stretched on the bed in a natural position, and with a calm countenance. It is supposed that he had taken strychnine, combined with other substances which have not yet been determined. The poison had left no other apparent traces than some ruddy stains about the ears. Mademoiselle Trümpy, on the contrary, had a violently distorted visage. It is inferred that she had administered the poison to herself, after having seen her betrothed stretched dead upon the bed. A letter from Nervi, in the 'Perseveranza,' gives the following details:—"The day before yesterday a foreign gentleman, accompanied by a young lady, alighted from a hired carriage at the Hotel Anglais, situated in the Palazzo Gropello, at Nervi. The lady was elegantly dressed in travelling costume, and the gentleman also. Without giving his name, the latter asked for a bedroom and supper. Nothing was noticeable in the appearance of the two travellers except their affectionate manner towards each other. They had their supper, after which the lady sat down to the piano and the gentleman read the newspapers. Some moments after they retired to rest, and being asked if it would be necessary to call them in the morning, they said it would be useless, seeing they had come on foot from Genoa, were wearied, and wished to rest. Late in the afternoon of the next day the innkeeper, not seeing his new guests appear in the dining-room, sent a waiter to knock at their door, but no answer was returned. The magistrate was sent for immediately, and the door burst open in his presence. Dreadful indeed was the scene which presented itself to those who first entered the room. On the bed lay the unfortunate doctor, with his head turned towards the pillow; Miss Flora Trümpy was lying on the floor, with her arms twisted together. The unfortunate couple had been dead at least six or seven hours, for their bodies were cold. Nothing was found in their trunks except some old clothes, and the doctor had a few coppers in his pockets. A few drops of a mixture found in a glass proved that they had taken strychnine. Upon a table were found a little phial of poison, two empty glasses, and two others still containing poison. Upon another table were some letters written in pencil. In one of them the landlord of the hotel was promised payment of his bill. Another letter bore the address, 'To my poor father.—DEMME.' A letter from Berne, of the 2d inst., says that on the previous day M. Demme, sen., received a letter from his son, dated Milan, in which the writer announced that he intended to drown himself in the Gulf of Genoa instead of the Lake of Geneva. This resolution, it would seem, however, gave way, and poison was resorted to at last.

THE IRISH POOR-LAW BOARD AND THE APOTHECARIES' HALL OF DUBLIN.—Considerable excitement has arisen in Ireland in consequence of the decision arrived at by the Irish Poor-law Commissioners to accept the licence of the Apothecaries' Hall in Dublin as a Medical degree. For many years the licence of the Irish College of Surgeons was sufficient to entitle its possessor to hold a Poor-law Medical appointment, but a few years ago the Commissioners issued a sealed order that for the future every Poor-law Medical Officer should possess, as an additional qualification, a Medical degree or licence, being moved to that step, as was stated at the time, by the College of Physicians, who naturally were anxious to increase the number of their licentiates. This resolution of the Poor-law Commissioners will explain the sudden influx of candidates for licences into the Dublin, and in far greater numbers still into the Edinburgh, Colleges of Physicians. By the recent legislation at the Custom House, however, the Apothecaries' licence is of equal value with that of the Colleges of Physicians.

THE SOCIAL SCIENCE ASSOCIATION will next year meet

either at Sheffield or at Gloucester. Invitations have been received from both those quarters.

Lead-Poisoning.—At an inquest recently held at Ratcliffe by Mr. Richards, on a case of death of a person employed in a white lead factory in Limehouse, the jury found in their verdict "that it would be desirable, for the better protection of life, that there should be a systematic inspection of such establishments by Government officers."

Apothecaries' Hall and Railway Encroachments.—The Master and Wardens of the Society of Apothecaries are at legal issue with the Chatham and Dover Railway concerning the encroachment of the railway upon their premises in Blackfriars.

Testimonial to Dr. Ringer, of University College Hospital.—At a meeting of the students of the above School, on the 25th ult., the chairman, Dr. Rawlins, presented an elegant silver service, with a suitable address, to Dr Ringer, Professor of Materia Medica and Assistant-Physician to the Hospital, as a token of their appreciation of his good qualities as a physician, and of his kindness to them at the hospital.

Sanitary Improvement in Liverpool.—£100,000 is about to be expended in Liverpool on the improvement of the dwellings of the poor and the destruction of filthy courts, under the able superintendence of Dr. Trench, the Medical Officer of Health, whose services are recompensed by the salary of £750 a year.

The Metropolitan Police-Stations.—Dr. Lankester has recently held an inquest at the House of Correction on the body of Benjamin Haw, whom the surgeon of the prison described as a "broken-down old man, who died from chronic bronchitis." He was taken into custody at Kensington on the 3rd inst., on suspicion of illegally pawning, and was made to walk from Kensington to Paddington, rain falling heavily during the whole time. On arriving there, he and his wife, being wet through, were thrust into a cold cell, permission to dry or warm themselves being refused. On being taken before the magistrate on the following morning, he was remanded, and during the remand he died. He said "that night did for him." The jury having expressed their disapprobation of the present police arrangements, returned as their verdict, "That the deceased died from bronchitis, and that his death was accelerated by cold at the Paddington police-station on the night previous to his appearance before the magistrate."

Flint Implements.—M. Bourdain has discovered two new deposits of flint implements—one in Paris itself, and the other an hour's distance. The gravel in the squares, promenades, and gardens of the city, the author says, contain archæological treasures—a prodigious quantity of arrow heads and such like.

The Great Auk in England.—Amongst the remains brought to light at Caithness by Mr. Laing are many bones of the great auk, now extinct. This, we believe, is the first time any trace of this bird has been discovered in Great Britain. The bones have been identified by Professor Owen.

Advertising Quacks.—Dr. Toogood, of Torquay, in a letter to 'The Times' of December 3, relates the following case:—"The plaintiff, residing in a fashionable city in the west, brought an action against the widow of a colonel in the army for the recovery of 1,100*l.* for Medical attendance. It appeared on the trial that this highly nervous lady was persuaded to consult this man for a supposed disease, who not only confirmed her apprehensions, but assured her that nothing but immediate treatment and the greatest skill could prevent a fatal termination. He obtained so complete an ascendancy over her mind that she at once placed herself under his care. At first he refused fees, stating that her case would require a long attendance, and that he preferred leaving his remuneration until the end. About a year afterwards her cure was pronounced to be complete, when he demanded the sum of 800*l.*, which was paid. He then said that no fear need be apprehended of a return of her disease, but that he should occasionally call on her, but that his visits would be friendly ones, for which no charge would be made. The lady acknowledged his visits by frequent presents to his daughter, and, among others, a handsome piano. As some uneasiness was shown at the continuance of this unnecessary attendance, he alarmed his patient by expressing his doubts that there was a tendency to a return of the disease. After some time he made a second demand for 1,100*l.*! She then consulted her friends, who advised her to resist so barefaced an attempt at robbery, and urged that it was a duty she owed to herself and the public. Her innate delicacy and the dread of exposure made her hesitate for a time, but at length she yielded to their solicitations. The evidence so satisfied the jury that this unfortunate lady had never had a symptom of the disease for which she had been so cruelly treated and defrauded, that they returned a verdict for the defendant without leaving the box."

Appointment.—Dr. R. H. Hilliard has been appointed Government Medical Inspector of Emigrants for the Ports of Glasgow and Greenock, *vice* James Fraser, M.D., resigned.

The Late Ophthalmic Trial.—Purulent ophthalmia is not at all uncommon amongst newly-born children of all ranks; and, if taken in time, is usually so easily subdued by mere cleanliness, aided by a weak astringent lotion, which any careful nurse can apply by means of a few bits of old rag, that there are few practitioners who would feel greatly put on the *qui vive* by it. At any rate, if the eyes became very bad, the accoucheur would naturally expect that the parents would send and give information about it. Or if it so happened that a Medical neighbour "looked in as a friend" and saw that a baby's eyes were really very bad with this form of ophthalmia, and that the practitioner in attendance did not seem to be enough on the alert, he would probably tell the parents that they ought to let Mr. —— know how bad the eyes really were. At the same time, as *amicus*, he might volunteer a prescription to fill up the gap, and stop all mischief till Mr. —— should arrive. When he had done this, he would feel that he had done his duty to the child and to his neighbour practitioner—that he had saved the eyes of the one and the reputation of the other, and that he had done as he would wish his own neighbour to do to himself. If a certain Medical man had thus acted, he would have saved us the scandal of a late Medical trial about bad eyes. He would further have saved us from the tyrannical attempt which counsel and skilled witnesses sometimes make to establish one plan of treatment, or one sort of application, as the only legitimate one, *not* to use which is charged as an act of negligence. Thus the question was raised, in the trial to which we refer, whether it was an act of negligence not to use a *syringe* in purulent ophthalmia? Most of us would much prefer a bit of old rag as an instrument in Mrs. Gamp's hands to a syringe which might probe a hole in a tender cornea, or spurt a contagious discharge into some bystander's eyes. But the establishment of arbitrary rules like these is one blessed fruit of the peace and goodwill which reigns amongst Medical neighbours, and of their care to do to others as they would be done by themselves. 'Med. Times and Gazette.'

Bequests.—The Paymaster-General has been authorised to pay to University College Hospital the sum of 375*l.*, portion of a bequest made by the late Madame de Lilly to her Majesty for the benefit of the poor in London. Miss Ann Cranstoun Fryer, formerly of Hammersmith, but late of Reading, has bequeathed to the Royal Infirmary, Edinburgh, a legacy of £6,000.

University College, London.—At the last Session of Council, on the application of Dr. Risdon Bennett, free admission was granted to three or four students of the London Missionary Society to the Medical and Surgical practice of the Hospital, with a view to their having the opportunity of gaining Medical knowledge which may be of service to them in such emergencies as they have to deal with in the course of missionary life.

A Re-vaccination Panic.—It is stated that in consequence of some fatal cases of small-pox having occurred at Lille, the inhabitants have been received with almost a mania for re-vaccination. The doctors scarcely know how to turn themselves round so numerous are the applications, so that they have the greatest difficulty to find time to attend their ordinary patients. It has become necessary to

require that the applicants should enter their names some days beforehand, and it is said that one practitioner had to practise re-vaccination on thirty-five persons in one morning at his consulting-room.

DUBLIN OBSTETRICAL SOCIETY.—The first meeting of the twenty-seventh annual session of the above Society was held on Saturday evening, the 3rd instant, in the Pillar-room of the Rotunda, and was very numerously attended. The chair was taken by the outgoing President, Dr. Denham, Master of the Lying-in Hospital, who delivered the annual address. The ballot for officers for the ensuing year having closed, the following were declared duly elected :—*President*—Dr. Churchill. *Vice-Presidents*—Drs. Hardy and M'Clintock. *Treasurer*—Dr. Halahan. *Secretary*—Dr. G. H. Kidd. *Committee*—Drs. Beatty, Byrne, Cronyn, Denham, and Henry Kennedy.

LIVING IN CELLARS.—A recent report of Captain Lord, of the sanitary police of New York, states that in that city with not more than a million of people, upwards of 22,000 live in cellars—a subterraneous population large enough for a small city in itself.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 14.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. S. Ward, "Some Remarks on Pneumonia and its Treatment, with Illustrative Cases;" Microscopical Society, 8 p.m.—Discussion on "The most Advantageous Means of Illuminating Objects under the High Powers of the Microscope."

THURSDAY, DEC. 15.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Messrs. Gladstone and Holmes, "On the Action of Ammonia on Sulphochloride of Phosphorus."—Professor Williamson, "On Chemical Nomenclature and Notation;" Harveian Society, 8 p.m.—Mr. Victor de Méric, "On Syphilitic Affections of the Nails."

FRIDAY, DEC. 16.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 17.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, DEC. 19.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 20.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

A Statement of the Causes which led to the Dismissal of Surgeon-General William A. Hammond from the United States' Army; with a Review of the Evidence adduced before the Court.

Neligan's Medicines; their Uses and Mode of Administration. Sixth Edition. Edited by R. Macnamara, Esq. Dublin: Fannin and Co.

The Diagnosis and Treatment of Cancer and Tumours. By M. H. Collis, Esq., M.B. London: John Churchill and Sons, New Burlington street.

The Physician's, Surgeon's, and General Practitioner's Visiting List, Diary, and Almanack for 1865. London: John Smith and Co., 52 Long Acre.

On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. Soelberg Wells, Esq. Second Edition. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

	£	s.	d.
J. A. Ledgard, Esq., Wetherby	0	5	0
J. P. Knott, Esq., Towcester	0	5	0
W. D.	0	5	0
Robert King, Esq., Uxbridge, per Dr. Luce	0	5	0
G. H. McNamara, Esq., ditto ditto	1	1	0
Dr. J. J. Luce, ditto ditto	1	1	0
Amount previously announced	105	2	6
Received at the 'Lancet' Office	6	14	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
Dec. 7, 1864.

SENEX.—The 'Saturday Review' calculates that the newspapers which publish the advertisements of the obscene quacks derive each more than 500*l.* per annum from this infamous source; but this estimate is probably below the mark.

MR. J. T.—The word *trichina* is derived from θριξ, τριχος, a hair, from the form of the parasite. It was first discovered in the muscles of a subject brought for dissection to Guy's Hospital School.

DR. J.—It is very doubtful if the practitioner could recover under the circumstances referred to.

A VACCINATOR.—We must repeat what we have before stated, that to make vaccination effectual the operation should be performed by a limited number of vaccinators at stated intervals, in order to keep up a regular supply of lymph.

VESTRYMAN.—The purple dye referred to as being procurable from urine is *murexid*, obtained by the action of nitric acid on uric acid in contact with ammonia. We do not know that this principle has hitherto been applied to any useful purpose.

MR. A. C.—The name of the person referred to does not appear in the 'Medical Register' or in the 'London and Provincial Medical Directory,' and the probability is that he has no legal qualification to practise.

DR. S.—The case is recorded in a recent number of Schmidt's 'Jahrbücher der In—und Ausländischen Gesammten Medicin.'

MR. R. GRIFFIN.—The letter is inserted.

F. A. F.—It is undoubtedly desirable that a student should devote the whole of his available time to his professional studies, but, under circumstances of necessity, he will be quite able to combine three or four hours' work in a surgery with his attendance on lectures and hospital practice. Many very distinguished and successful practitioners have done so.

DR. H. WEBER.—The communication arrived too late, but it will appear in our next number.

THE HARVEIAN SOCIETY.—The notice has been received.

To the Editor of the Medical Circular.

SIR,—Will you oblige me with your advice in the following case, and suggest some remedy, if possible, legal or otherwise, as a suitable protection to myself or others similarly assailed :—

A few days since a boor living in an adjoining county, where quackery, charms, bone-setting, &c., &c., are in great vogue, visited a case of mine where the radius and fibula had been fractured a week previously (by the fall from the roof of a house). He removed the splints from the arm and leg, pulled at the hand and in a juggling manner making the thumb-joint crack, and pronounced the foot and leg all right, throwing the splints and bandages into the corner of the room.

Two Medical men who saw the case with me confirmed my diagnosis, and the patient not being in fault, I replaced the splints, &c., and have continued the attendance.

I am, &c.,
FIDES.

[We regret to state that there is no legal remedy for the conduct of which our correspondent so justly complains.—ED. MEDICAL CIRCULAR.]

MR. NOWELL STOWERS.—The list is inserted.

ERRATUM.—In No. 49, page 387, second column, line 16 from bottom, *for* "spectrum" *read* "sputum."

The Medical Circular.

ORIGINAL COMMUNICATIONS.

NATURE AND TREATMENT OF SYPHILIS.

By RICHARD SISSON, M.D.

The loss of service to the army and navy from syphilis alone is enormous, and to such an extent indeed has invaliding from this cause taken place, that it has been deemed expedient by the Government to appoint a commission, for the purpose of investigating the nature and treatment of this disease.

The Profession at large are called upon to assist in this undertaking; now, then, is the time for obtaining a thorough ventilation of this important subject, through the medium of the Medical press; and since the columns of the MEDICAL CIRCULAR are at all times so impartially thrown open to the free and fair discussion of every opinion, through this channel, with the editor's permission, I hope to contribute my mite to the general fund.

Cases of syphilis are not the sole property of the specialist; every practitioner is daily called upon to treat such, and yet the study of this disease seems left to the specialist alone. Thus the Profession in general have contented themselves by following stereotyped theories; and have been blinded thereby to facts, and other theories equally plausible.

Proofs, in other diseases not always obtainable, are in this often impossible; nevertheless, a theory founded upon inference, analogy, reasoning, and practice, is entitled to respect. In such a way have I arrived at, and with such a hope have I propounded, my own views; which, should anyone consider too theoretical, I answer, theory is the foundation of practice; a theory, not absolutely bad, is better than no theory at all; and that those who proclaim most loudly against theory have in reality some theory of their own, in general perhaps not the very best.

Nature of Syphilis.

Neither chemistry nor the microscope have yet revealed the true nature of syphilis—I infer, however, that the syphilitic virus has a *bonâ fide* existence—that it is a non-volatile animal poison, capable of reproduction through contagion, and of multiplying itself under favourable circumstances, *ad infinitum*.

But it is impossible to trace syphilis invariably to infectious sources; I would refer, therefore, some obscure cases to spontaneous origin, and it seems to me a forced interpretation of Nature to deny the possibility of such in any case.

We must not be led away by the doctrine that holds syphilis to be a special judgment from Heaven for man's transgressions; like other diseases, it doubtless arose from natural causes, spontaneously; and since man is organised as he ever was, it may as doubtlessly so arise now.

Different authors assign a spontaneous origin to different zymotic diseases; unite these opinions and the spontaneous origin of *all* zymotic diseases is admitted.

By excessive sexual intercourse, coupled with uncleanly habits, possibly from this latter cause alone, a poison is generated, capable of producing a sore upon the part in contact, this is chancre; the character of which is determined by the amount and intensity of poison, by constitutional peculiarities, and by the existing state of health of the recipient.

Abundant facts prove that hard and soft chancre are the same disease, modified by attendant circumstances; and there is no truth in the statement that soft chancre is never followed by constitutional syphilis, for women, in whom hard chancre is rarely seen, are the common subjects of this form of syphilis; moreover, it has been proved that the soft chancre, produced by inoculating an infected individual with the matter from a hard chancre, will produce a hard chancre in a previously healthy person. It must be borne in mind that induration is the last stage of chancre, and that in an infected individual it stops short of this stage, as the eruption of variola stops short of the pustular stage, in one partially protected by vaccination or a previous attack. Nevertheless, from such a case might arise every variety of small-pox.

Constitutional Syphilis.

The syphilitic poison then being absorbed, with or without the intervention of a local sore (for a local sore is by no means necessarily produced nor requisite), we have certain consecutive phenomena, the character of which is modified by the constitutional peculiarities of the individual, and by the channel through which absorption has taken place; if this has been by the lymphatics, then we have bubo; if by the blood-vessels, we have none; so that in the one case, bubo, in the other general constitutional symptoms, may be the first sign of syphilitic infection.

Since the whole blood may be poisoned, so, I presume, will be the secretions from it, morbid and natural, and from such can infection be communicated to another. But so called tertiaries *per se* have not this contagious power; they are the results of the syphilitic poison, which is no longer present, unless so-called secondary symptoms exist at the same time.

In describing chancre I have rejected the term "primary syphilis;" because chancre is not the necessary exordium of syphilis. I reject the term "secondary" and "tertiary," because the manifestations of syphilis are not evolved in any certain order.

A certain diathesis is then produced, during the existence of which contracted chancres do not become indurated. This state is limited; the blood at length recovers its original constitution, as it does after vaccination or small-pox; chancres then contracted take on induration, and the system may become again infected. But even if in such case the chancre did not become indurated, it would be no proof whatever that the syphilitic poison still existed, any more than the non-susceptibility to a second vaccination or a second inoculation would be a proof that the vaccine or variola poison still remained active and uneliminated.

Pathology and Treatment of Constitutional Syphilis.

No man can practise with success, nor any, but the mere routinist, with satisfaction to himself, ignorant of the pathology of the disease he treats, or of the action of the remedies he employs. It must be admitted, however, that such knowledge is neither so general nor so perfect as it ought to be; and to such cause may be attributed that diversity of opinion which exists concerning the treatment of syphilis. Let us then, in the first place, endeavour to ascertain the locality of the poison; and in the next, find out how to get at it.

Barensprung has stated his belief that the syphilitic poison resides in the blood; Virchow, in the tissues. By combining these views, I believe we obtain the truth.

Now Dr. Carpenter has shown how peculiarly liable to all contagious diseases and other zymotic influences they are whose blood is surcharged with decomposing azotised materials; and Mr. Paget expresses his belief that it is among these materials that many of the morbid poisons find the means of their increase. I presume, therefore, that in a pure blood the syphilitic poison cannot exist, and that when absorbed into such, it will be forthwith eliminated, or deposited in the tissues. But in an impure blood, the poison revels and increases; the excretory and secretory organs flag through want of a healthy stimulus, the blood becomes surcharged with excrementitious matter; and to the syphilitic is superadded a general cachexia, which is I presume the so-called tertiaries, and which may remain after the former is eradicated.

Should feverish symptoms usher in constitutional infection we have recourse to antimony and sulphate of magnesia, &c., and then proceed as follows:—

We endeavour to depurate the blood by administering drugs which have the power of oxidizing or decarbonizing

that fluid, such as the chlorate of potash and the mineral acids, by exciting the skin with warm baths, and by stimulating the liver with podophyllin. This treatment may be sufficient, if not, we proceed to mercury, which is the most potent drug for hastening destructive metamorphosis, by which we hope to dislodge the poison, and get it eliminated by the natural channels.

Of the various ways of administering mercury I prefer that by the mouth, and as it is desirable to fulfil as many indications as possible at the same time, my favourite form is one or two drachms of the solution of the bichloride, with ten, fifteen, or twenty grains of iodide of potassium. An extemporaneous biniodide is thus formed, having its activity increased by the excess of iodide of potassium, thereby rendering a less dose necessary. Iodide of potassium is a diaphoretic, diuretic, and an exciter of the liver and absorbent glands, and thus a steady elimination of the mercury is kept up, and those accidents avoided which sometimes occur when iodide of potassium is found requisite after a course of mercury. Hermann found that in the Vienna Hospital, after long courses of mercury, iodine caused copious salivation in about ten per cent. of the cases.

In the exhibition of mercury it is in no case necessary to touch the gums. Ricord only considers this useful as a measure of the patient's tolerance of the drug, and when this is ascertained he either lessens the dose, or administers along with it chlorate of potash, which he states is preventive of salivation.

In 1862 I reported in the 'Lancet' a case of long standing constitutional syphilis successfully treated with podophyllin, after mercury and iodide of potassium had failed, the dose one-sixth of a grain thrice a day. Dr. Marston, Royal Artillery, has since reported similar cases. I call attention to this, hoping that the drug may have a more extended trial.

Whatever the treatment adopted, great benefit will be found to accrue from discontinuing or changing it from time to time. This will be found equivalent to increased doses, without their attendant disadvantages. In anæmic cases we must have recourse to tonics.

Concluding Remarks.

Notwithstanding all the abuse that has been levelled against it, mercury has stood its ground, and it is curious to note that to this drug is due, in great measure, the boasted success of Fricke of Hamburgh, and his school of non-mercurialists.

This gentleman performed experiments on a large scale, in order to decide to what treatment the superiority was to be assigned. Under a mercurial treatment Fricke administered mercury in this way. Three grains of corrosive sublimate were dissolved in eight ounces of water, and of this solution the enormous dose of one ounce was administered thrice a day, and the result was what might have been expected. "It was impossible to remove the foul smell from the wards." . . . "The air was tainted with the offensive odour of salivation, or syphilitic caries, and filth was the order of the day;" and so Fricke came to the illogical conclusion that mercury was not to be tolerated.

Under a so-called *non-mercurial* treatment, Fricke found all this reversed. "There is not a trace of this air in wards containing sixty, seventy, or sometimes one hundred patients; and the venereal department of the hospital rivals the other divisions in purity of the air and cleanliness." This was indeed a desirable reformation; let Fricke tell the treatment by which it was brought about. "Corrosive sublimate baths (ʒss. of the drug to each bath) were often employed, and were of great service." . . . "They seemed to remove the eruption *more speedily* than even the nitric acid baths." So then it appears that it was not non-mercurial, but reasonable mercurial treatment that brought about this happy change. Fricke believed, no doubt, and others have subscribed to his belief, that the unbroken skin has not the power of absorbing drugs in solution; this, however, is a physiological error. See cases of poisoning in this way, Taylor 'On Poisons,' head "Corrosive Sublimate."

The anti-mercurialists have attributed to mercury results known to be due to the syphilitic poison *per se*. At a meeting of the Harveian Society last year, Dr. de Gorrequer Griffith stated that the worst forms of bone disease, &c., were met with in China, where no mineral whatever is employed; and Dr. Wilks has stated that experiments have been made repeatedly on animals, and that all observers have agreed that the bones are not affected by the drug; and that, moreover, mercurialism is continually produced in artificers in quicksilver, where, in fact, the whole body was undergoing decay, and yet the bones escaped.

Mercury has been pronounced useless in the treatment of many diseases, because these diseases sometimes appear whilst the patient is under the action of this drug for some other disease. Now this argument would have had much weight but for the statement of Professor Aitken, that "morbid poisons are not acted upon by medicinal substances so long as they continue latent."

Some patients are absolutely intolerant of mercury; and upon this fact has been based the weakest of all arguments against its use. No man can foretell his patient's idiosyncrasies, nor always guard against them, whatever the drug employed. To be consistent, therefore, the supporters of such an argument should "throw physic to the dogs."

On the other hand, some mercurialists have gone much too far in the praise of mercury. Mr. Hunt believes that it has the power of removing all traces of the disease, and all tendency to its recurrence. This is claiming for mercury more than its due. What I think we may fairly claim for mercury is, that it is more certain in its action than other drugs, and will generally succeed when they fail.

But mercury is not necessary in every case of constitutional syphilis; nay, in some it may prove absolutely injurious. It is difficult, however, nay impossible, to lay down precise rules for its employment. The skilful practitioner can best discriminate for himself, and it is absurd to ridicule the moderate mercurialist, as some have done, because he is unable to speak categorically on the matter. In this field of practice rule-of-thumb routine is worse than useless.

HOSPITAL REPORTS.

KING'S COLLEGE.

Under the care of Mr. Henry Smith.

Case of Fatty Tumour of Thigh.

Anne C., æt. thirty-five, unmarried, a servant, was admitted for the purpose of having a tumour removed from the back of the thigh.

History.—Is a healthy-looking woman, and has always been strong. About seven years ago she noticed a swelling on the outer and under part of her left thigh at about its lower third; this she attributes to a fall down the stairs, since nothing was observable previous to the accident. Lately it increased very rapidly.

The tumour is about 4½ inches in diameter, being in size somewhat equal to a swan's egg. It is painless.

Operation.—Sept. 10.—The patient was brought under the influence of chloroform, and, while in that condition, Mr. Smith removed the tumour with the greatest facility, after that he had made a free incision over it. Four ligatures were required. The tumour proved to be of a fatty nature.

Sept. 12.—She is very comfortable; nor has she felt any inconvenience from the operation: but she suffers from retention of urine.

Sept. 13.—To-day she passed water of her own accord, after she had been in a hot bath. The wound is rather red and inflamed; a poultice was ordered, and she has become again pretty comfortable.

Sept. 14.—There is a blush extending some distance round the wound and down below the outer part of the knee; the wound is discharging profusely, and that which is poured out is of a foul description. All the sutures were removed and a poultice applied. The red portion of the thigh was painted with collodion.

Sept. 16.—The leg is better to-day, being not so red as heretofore; and she is pretty well in her general health.

Sept. 17.—She is still more improved. The ligatures came away to-day.

Sept. 21.—The wound is rapidly healing: all the inflammation has gone. Poultice to be still continued.

Sept. 26.—Doing very well: she is allowed to leave her bed: simple water dressing is being applied.

Oct. 3.—Is getting on quite well.

Oct. 10.—Discharged, cured.

Operations by Mr. FERGUSSON.

The first patient placed upon the operating-table was a woman of the middle age; the affection for which she required an operation was true scirrhus of the left breast. Sweeping the knife from above and externally, and then bringing it downward and inward, Mr. Fergusson made his first incision over the diseased mass, but quite above the nipple. The line of this incision was curved, the convexity being directed upwards: from the same point at which the knife was first sunk, it was again carried downward and then upwards and inwards, and in such a manner that an ovoid-shaped portion of the breast was mapped out by the two incisions and included between them. In the centre of this ovoid mass was the retracted nipple.

The diseased structures having been wholly removed, the margins of the wound were apposed and were kept together by means of thread sutures. Some ligatures were required to secure the bleeding mammary vessels. The operation was completed by placing pads and compresses upon the wound, and by maintaining them in their places through the aid of a wide chest-bandage.

The affection was first observed about ten months since. Already had it attacked the skin and involved the nipple. On making a section of the mass after it had been removed, the true cancer nature of the structures was distinctly seen, and in the diseased mass were apoplectic spots; that is, spots infiltrated with blood. There was no implication of the glands in the axilla; and, altogether, the case was a most favourable one for operation. No cachexia obtained.

CASE II.—A young woman with an aperture in the soft palate. Some time since she was operated on at another hospital; the original cleft in the palate had been closed throughout its entire length except at a point corresponding to the junction of the hard and soft palates, and this it was that Mr. Fergusson now sought to close, by the method of operation which he adopts in cases similar to the present, and which we have described in former numbers of our Journal.

We do not remember having ever before seen Mr. Fergusson operate for this lesion in a patient of as mature years as those attained by the one now under consideration. This circumstance respecting age will not, however, militate against the ultimate good effect of the operation; on the contrary, it may the rather tend to its success, since the patient, having a full knowledge of the advantage gained by quiet, seeks to give the parts the greatest possible rest.

CASE III.—A patient with an ununited fracture of the humerus. This man some years ago sustained a simple fracture of the bone just mentioned, and at the same time a compound or comminuted fracture of the bones of the arm and of the leg. The latter united in the ordinary course of time and without any other than the usual treatment. Not so, however, with the injury to the bone of the upper arm, the break in which did not become repaired under any kind of treatment, though both ordinary and extraordinary treatment had already been put into practice.

There was, no doubt, some idiosyncrasy on the part of the patient's constitution, which occasioned the continuance of the lesion above described, but what that peculiarity was could not at present be detected.

Upon a previous occasion an operation had been performed, which it was hoped would have effected a cure. It consisted in passing a wire between the broken ends of the bone, with the hope that a sufficient amount of inflammation would be excited to bring about an effusion of plastic material, and, as a consequence, the joining together of the fragments. The operation had, however, proved a failure; and the present one was undertaken in order to give a last chance to the limb of righting itself, as otherwise it would be necessary to perform amputation.

The wound was enlarged both upwards and downwards; the soft parts were well cleared away from the bone; the ends of the fragments—covered as they were with a kind of fibrous tissue—were sawn off; holes were drilled in each piece of the broken humerus; wire was passed through the holes and by means of it the fragments were drawn together. The wound was then closed by means of the silk sutures, the wire being covered in, and the entire was then swathed in the folds of a calico bandage.

Under the care of Mr. WOOD.

Disease of the Wrist.—Admitted May 22, 1863. Condition on admission:—He is a nervous-looking man and trembles a good deal; the left wrist is red and swollen and discharges a good deal, but is not very painful, being very much easier since he came into hospital.

Some years since he suffered from inability to hold his water, and that fluid kept constantly dribbling away; besides, it was at one time very thick. He has never been under any surgical treatment for stricture.

May 27.—Mr. Wood made a counter-opening at the back of the wrist. The swelling seemed to be much the same size as on admission. He has no stricture of urethra.

30.—Complains of soreness of the throat on swallowing, and there is slight pain on pressure.

On the 27th he was put upon

℞ Quinæ disulph., gr. iii.;
Acid sulph. d., ℥x.;
Spts. eth. chlor., ℥x.;
Liq. morph. mur., ℥x.;
Aquæ, ℥j. M. ft. haustus.
Ter in die sumend.

℞ Liq. morph. mur., ℥xx.
Omni nocte sumend.

June 2.—Slept pretty well last night; his throat is still sore; appetite is pretty good and regular.

6.—He was placed under chloroform in the operating theatre, and Mr. Wood performed a flap amputation by transfixion, the flaps being long. This method of operation was adopted in preference to the circular, because the limb was too much diseased. During the operation the patient threw the limb about very much, and it was strongly pronated, till the pronator radiiteres muscle was divided.

8.—Slept last night for an hour or two; during the remainder of the time he was very restless, and the muscles of the stump started at times. He had a slight rigor after the operation, but not since. The stump is painful and discharges freely; the bowels are confined; tongue is clean; takes his food well; pulse is 98. He throws the stump about as though he had no feeling in it.

9.—Does not seem so nervous to-day; he slept from eleven to three P.M. The stump is not so painful as it was; bowels confined; tongue cleaner; appetite pretty good. Pulse 103.

10.—He sleeps pretty well; tongue is clean; appetite is pretty good; he has had no rigor; the stump does not discharge much and is a little red. Yesterday a little abscess was opened in the palm of the right hand over the muscles of the thumb. Pulse 104.

11.—Says the stump is not painful: he sleeps pretty well; the tongue is clean; bowels are open; has had no rigors; there is a little more discharge from the wound; his appetite continues much the same, but the throat pains him when he swallows; pulse 90. Ordered to used gargarisma aluminis.

13.—He does not appear so well to-day; the stump was painful before it was dressed; the wound is sloughy: had a slight rigor last night, and did not sleep well. He has gargled the throat, and a mustard poultice has been applied to it externally; he says he feels better; bowels are regular, but appetite is not at all good. His pulse is weaker than it was, and now beats only 93 in the minute.

15.—There was bleeding on the evening of the 13th, on the afternoon of the 14th, and on the morning of the 15th; on the last occasion a vessel was tied. This morning he seemed very low, and said that he felt very ill; his pulse

was weak and his skin cold and clammy. He is evidently sinking.

17.—Died at eight A.M.

Post-mortem Examination.—Lungs quite healthy. Heart: there was atheromatous degeneration in the valves; a plug of fibrin in the right ventricles. Liver: there was a collection of fine curdy pus on the surface; it did not, however, look like a deposit; the weight of the viscus was 3 lbs. 6 ozs. Brain: the pia mater was opulescent; there were slight specks of atheroma on the vessels; the entire organ was ensanguined; choroid plexuses were pale; some fluid in the ventricles; the lateral ventricles and the floor of the fourth ventricle had in them a peculiar deposit, which gave the appearance of a cat's tongue. Spleen was healthy. Kidney small, pale, and granular; capsule adherent; the left weighed 2½ oz. and the right 3¼ oz. Stump: there was no appearance of adhesion between the flaps of the stump; the tendons were sloughy; there was also a slough extending up the tendon of the biceps muscle.

Case of Fistula in Ano.—G. B., æt. twenty-one, admitted June 4, 1863, into the Fisk Ward.

History.—Is unmarried; a labourer, living at Gravesend; always enjoyed good health till about three or four months ago, when he noticed a swelling on the right side of the anus, which was hard and painful. This he poulticed and it burst, discharging a good deal of pus; this was about a month after its first appearance; two open sinuses remained, which have discharged ever since a thin, sanious, purulent matter. He states that his bowels were regular previous to the appearance of the abscess, that his family is quite healthy, and that he has never suffered from severe cough nor from any spitting of blood; he is short-winded, though he is stout and healthy-looking.

June 7.—Mr. Wood operated on the fistula, which was on the right side and of the simplest nature, the wound being afterwards stuffed with oiled lint. Chloroform was administered. Before stuffing the wound with lint, Mr. Wood vivified the side of the abscess by drawing the knife across it.

June 20.—Discharged, cured.

CRITICAL AND ANALYTICAL REMARKS ON THE BRITISH PHARMACOPŒIA.

THE CHEMICAL DEPARTMENT UNDER THE SUPERINTENDENCE OF

H. LETHEBY, M.B., M.A., PH.D., &c.,

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No. XXVII.

FERRI IODIDUM.—Iodide of iron is ordered in the British Pharmacopœia in three states, in the crystalline fused condition, in the state of syrup, and in the form of pill. To what purpose the crystalline iodide is to be applied we do not know; it certainly is not used for the preparation of either the syrup or the pill. Although nothing is easier than to prepare a pure and definite solution of iodide of iron, it is very difficult to obtain the salt in the solid state; it would have been very desirable, therefore, to have dispensed with its presence in the Pharmacopœia.

Iodine and iron in the dry state combine together with explosive violence, but in the presence of a *small* quantity of water combination takes place quietly and rapidly, the temperature of the liquid being at the same time sensibly augmented. In the presence of a large quantity of water, combination occurs very slowly, and the application of heat becomes necessary. To separate the salt from its solution is attended with difficulty. Crystals may be obtained by care, but owing to the very soluble and, at the same time, changeable nature of the compound, it is more usual to evaporate the solution until it solidifies on cooling.

The Pharmacopœia process for preparing the solid iodide consists in gently heating one ounce and a half of iron wire with three ounces of iodine and twelve ounces of water until the red colour of the liquid disappears; then filtering the solution into a dish of *polished iron* and boiling down until a drop of the solution taken out on the end of an iron wire solidifies on cooling; then pouring the liquid out on a porcelain dish, and, as soon as it has solidified, breaking the mass into fragments and enclosing it in stoppered bottles.

The quantity of water here ordered is much too large; one-third of the amount is amply sufficient, and obviates the necessity for heating the materials together, while it diminishes the bulk of liquid to be afterwards evaporated. The advantage of using a polished iron dish is also very questionable. Messrs. T. and H. Smith, of Edinburgh, who have been very successful in the production of pure iodide of iron, and who have published several papers on the subject, have recommended a Florence flask as the most suitable vessel for conducting the evaporation in; and we certainly think it is very superior to an iron dish. The liquid should be actively boiled down in the flask to the point indicated in the Pharmacopœia process; the volume of steam thus filling the flask prevents to a great extent the contact of air with the surface of the liquid. The salt may be allowed to solidify in the flask, which can be afterwards broken.

The free access of air during the evaporation gives rise to the formation of sesqui-oxide of iron and free iodine—

$$2\,Fe\,I + 3O = Fe^2\,O^3 = 2\,I.$$

The iron dish is intended to supply iron to the iodine as fast as it is liberated, and so prevent its escape and loss; but it has the bad effect of causing the production of a large quantity of oxide of iron, which remains in and contaminates the product.

The salt obtained by the above process is not anhydrous, but retains some water of crystallization; by pushing the evaporation however the anhydrous iodide may be obtained.

Iodide of iron is fusible, volatile, very deliquescent, and very soluble in both water and alcohol. By exposure to the air it absorbs moisture, liberates iodine, and deposits peroxide of iron. It has been suggested that a sesqui-iodide of iron is formed, but there are no good grounds for the assertion.

This salt is represented by the Pharmacopœia as having the composition Fe I + 4 H O. We have already frequently referred to the inconvenience which attends the definition of bodies in the Pharmacopœia by chemical formulæ; iodide of iron only forms another illustration. It is extremely improbable that this salt, prepared as directed, will contain an even number of atoms of water. It may indeed be reasonably expected that different operators by evaporating a solution of iodide of iron till it solidifies, will obtain products in which the amount of water will vary to an appreciable extent. The perfect crystals of iodide of iron are generally stated to contain five atoms of water, which corresponds to 22½ per cent.; the Pharmacopœia formula would indicate about 19 per cent., but Mr. Scholefield has stated that the fused salt generally contains from 10 to 15 per cent.

The only test given by the Pharmacopœia for iodide of iron is, that it dissolves in water, leaving but a very small quantity of red sediment.

SYRUPUS FERRI IODIDI.—This is the form in which iodide of iron is most generally used in practice; its preparation, therefore is of more practical importance than that of the dry iodide. The process of the Pharmacopœia is, we believe, unobjectionable. The directions given are, to prepare a syrup by dissolving twenty-eight ounces of sugar in ten ounces of water; to digest one ounce of iron wire with two ounces of iodine in three ounces of water till the froth becomes white, and then to filter this solution while hot into the syrup and mix. The product, it is stated, should weigh two pounds eleven ounces, and should have sp. gr. 1·385.

PILULA FERRI IODIDI.—This pill is new to the Pharmacopœia. It is prepared by a process very similar to that adopted in the case of the syrup. Forty grains of iron wire and eighty grains of iodine are agitated with fifty minims

of water in a stoppered ounce phial until the froth becomes white; the solution is then poured on to seventy grains of powdered sugar in a mortar, and, after trituration, 140 grains of powdered liquorice root are gradually incorporated.

PARISIAN MEDICAL NEWS.

A Serious Complication of Retroflexion of the Uterus.

A woman aged twenty-eight, suffering from dull, permanent pain in the abdomen, was recently admitted into M. Velpeau's wards. No fever was present, but the patient complained of deep-seated pain; she walked with much difficulty, and when she coughed or stumbled, she experienced twinges and a sensation of dragging, which checked her further progress. Examination *per vaginam* betrayed the existence of retroflexion of the womb. This is by no means an unfrequent affection, but it gives rise to extremely variable symptoms, and the prognosis cannot, therefore, be the same in all cases. M. Velpeau remarked that in very many women the disease gives rise to little if any derangement of health, whereas in another equally large series of subjects inflexion of the womb induces a variety of morbid manifestations, amongst which may be noted erratic pains in the abdomen and back, and sometimes merely an uneasy sensation in the inferior extremities. In some women, however, the entire nervous system is disturbed by the uterine deviation, or the patients suffer from obstinate constipation, a sense of weight in the rectum, or severe dysmenorrhœa. The disease, in addition, occasionally becomes an unconquerable impediment to impregnation.

To uterine retroflexion may also be traced a more unusual complication, an instance of which is supplied by the patient who suggested the present remarks. M. Velpeau invited attention to the fact that in this woman the pelvis was filled by a hard, irregular, lardaceous tumour formed by the uterus and its appendages. From this circumstance it might be inferred that the retroflexion had coincided with chronic suppurative inflammation of the peri-uterine cellular structures; puriform matter had been found in the motions, doubtless supplied by an abscess which had opened into the rectum.

"This complication," remarked M. Velpeau, "is not of frequent occurrence; indeed, retroflexion is, in general, a mere deformity often coincident with an otherwise perfectly healthy condition of the womb. If the fundus, however, presses upon the adjacent organs, a certain amount of mechanical irritation may be the consequence; and during defecation, coughing, or retching, the viscera, impelled downwards by the action of the diaphragm, weigh upon the fundus uteri, and thus become an active cause of congestion and inflammation of the peri-uterine cellular structures. Such a condition is undoubtedly serious, and must induce the practitioner to pause in forming his prognosis. In this region, abscesses of the cellular tissue are not in communication with each other, but lie disseminated around the sacral or lumbar plexus, the broad ligaments, &c. These puriform collections, however, sometimes open into the rectum, and the patients recover after having for a time suffered from diarrhœa and hectic fever; but many perils still threaten the life of women afflicted with this form of disease—a fact abundantly evident even on superficial inspection in the case under consideration. Organs previously unconnected are now attached to each other by morbid adhesions; viscera hitherto free to expand or contract without impediment are now firmly bound in a lardaceous shell which interferes with every movement; hence, a more or less considerable disturbance of the functions of menstruation, micturition, and defecation. Pregnancy, under these circumstances, is an event much to be apprehended, distension of the womb necessarily involving a certain amount of laceration and pelvic inflammation, which, although it may not actually destroy life, must inevitably bring on miscarriage."

The patient at present in the wards is, therefore, in a highly perilous position, although, in point of fact, the pains she complained of have yielded after a few days' rest, and although she might, by a superficial observer, be deemed to be labouring under uterine symptoms of very inconsiderable importance.—'Journal of Practical Medicine and Surgery.'

REVIEW OF BOOKS.

A Manual of Materia Medica and Therapeutics: including the Preparations of the British Pharmacopœia, and many other approved Medicines. By J. Forbes Royle, M.D., F.R.S., and Frederick W. Headland, M.D., B.A., F.L.S. Fourth edition. Pp. 776. London: Churchill and Sons. 1865.

Elements of Materia Medica: containing the Chemistry and Natural History of Drugs; their Effects, Doses, and Adulterations; with Observations on all the New Remedies recently introduced into Practice, and on the Preparations of the British Pharmacopœia. By Dr. William Frazer, Lecturer on Materia Medica to the Carmichael School of Medicine. Second edition, pp. 453. London: Churchill and Sons. Dublin: Fannin and Co. 1864.

Both these books are known to the Profession, the first having gone through three editions in this country, and the second having gone through an edition in Ireland, where Dr. Frazer is well known as a writer and teacher on Materia Medica. But the recent appearance of that much-abused volume, the British Pharmacopœia, has induced both authors to rearrange their materials in some measure, in order to make their treatises harmonize with the existing condition of British pharmacy.

The manual of Dr. Royle and Dr. Headland is a complete, and we might say almost an exhaustive, treatise on materia medica, containing a full description of chemical laws and of botanical and zoological classification, so far as the selection and preparation of drugs are concerned; a detailed account of the drugs themselves, arranged in their natural order, with their uses in Medicine, and their doses; and a copious interspersion among the text of illustrative woodcuts representing the general form and the structure of the objects described. It is a book particularly well adapted for students whose eyes are good, and who will find no trouble in perusing, over the midnight oil, the great mass of information contained in its closely-printed pages, which contain the essence of many more bulky and ponderous volumes, reduced into a small compass. Dr. Headland has faithfully performed his duty of preparing the book, which is in all respects worthy of the previous editions, and equal to any of the excellent manuals which have emanated from the Messrs. Churchill's establishment.

Dr. William Frazer's 'Elements of Materia Medica' is externally a more bulky-looking book than that of Drs. Royle and Headland, but the pages are fewer in number, and the type much larger, so that the materials are not so copious as those of the English volume. But Dr. Frazer tells us in his preface that his pages are intended for every-day use by the practising physician, who requires condensed and trustworthy information on the properties and doses of the medicines to be employed, and he has therefore endeavoured to restrict the limits of his book; but nevertheless, in order to increase its usefulness, he has included notices of all those substances which, though not official, appear to possess claims to attention. These latter form a list of considerable dimensions; but on looking over them we cannot much regret that the compilers of the British Pharmacopœia left them out, as the efficacy of most of them is at best problematical, and is supported by no very strong evidence. The arrangement of the matter by Dr. Frazer is pretty nearly the same as that adopted in the English manual, the substances being grouped according to their positions in the three kingdoms of Nature, and the descriptions being short and distinct. The present edition of Dr. Frazer's 'Elements' fully maintains the character already gained by the first issue of the volume, and its value is of course enhanced by being brought down to the existing state and arrangement of the materia medica.

THE SURGERY OF THE AMERICAN WAR.

A Medical officer in the United States' army writes as follows to the 'Cincinnati Lancet and Observer':—

"More than three years of bitter experience in this war have taught us many things; and, based upon that experience, many improvements have been made in the different departments of the army. But threescore years of war would hardly suffice to bring the Medical department up to a rational degree of efficiency and system, at the rate at which it has been progressing; for though changes have been numerous enough, yet improvements have been lamentably few. For, at the present day, the system upon which the Medical affairs of the army are conducted is full of inconsistencies and absurdities; consequently the important duties expected of the army surgeons are less efficiently performed than they should and might be. The management of the sick and wounded in the division to which I belong is, I presume, in most particulars, similar in all other divisions throughout the army—it is this: A division hospital is established at a safe distance in the rear, to which all wounded and sick men who cannot be treated in their regiments are transferred. As no change of diet can be obtained in the regiment, and the only quarters are the little 'pup' tents, of course no really sick man can be treated there; neither can any of the wounded, except those whose injuries are of the most trivial character, be kept with their companies for transportation, for even a single tin wash basin is not allowed. The only medicines which can be kept on hand constantly are eight or nine small bottles of opium, chloroform, quinine, cathartic pills, &c., which, together with a few rollers, a piece of plaster, and a couple of sponges, are carried in a field-case by the hospital steward. A medicine chest, or pannier, is also allowed to each regiment, but is seen only occasionally, as it is generally carried in the ambulance train; it becomes, therefore, necessary to transfer all sick men to the division hospital. Out of some forty-four Medical officers present with this division, five are detailed to do all the work at the hospital, a surgeon-in-charge, and four assistant-surgeons to attend to the details. When an action comes off, the Medical director, I believe, rides to the front with the rest of the staff, for the purpose of taking care of the general commanding the corps; the chief surgeon of division takes care of his general, and the brigade surgeon does the same kind office for the brigadier. Perhaps they also wished to prove that the doctors are no less brave than others, although they are non-combatants.

"As the wounded are brought back to the hospital they are placed on the tables and operated on when such a proceeding is necessary, and sometimes when it is not. But I am satisfied more errors are made on the side of convalescence, so-called; and that many a life is sacrificed in the attempt to save a limb. Especially do I think that resections of the bones and joints are operations very rarely admissible in the field. The idea of removing the head and three, four, or five inches of the humerus, in view of the after treatment the case is to receive, is perfectly preposterous. Such operations are not at all unfrequent; but would soon become much more so, I am satisfied, if the operators only knew something of the results. But as in a few hours, or days at farthest, the wounded are sent back to Chattanooga or some other point on the railroad, the operator neither sees nor hears anything more of them, and is of course at liberty to fancy the most favourable result he could desire. We, however, hear some fearful rumours of amputations at Chattanooga following the fancy resections at the front; and of still other cases of resection going the way of all flesh without any further aid from the operators. What I conceive to be a great mistake, is the custom of keeping the wounded at the front for days after being operated on, or until inflammatory action and suppuration are established, instead of immediately transferring them to the permanent hospitals at the rear, thus subjecting the unfortunate men to the exhausting and painful journey when the system is suffering from irritation and debility, and the parts wounded have become highly sensitive Sometimes the early advance of the army after an action necessitates the immediate removal of the wounded, but I do not think I ever saw such a proceeding carried out as a matter of choice. The operators at the division hospitals are usually designated, but it sometimes happens from disinclination on the part of individuals and other causes, that after a time it becomes a matter of doubt who is to perform the operation, when a case is presented requiring any such interference. When an action occurs, some of the regimental Medical officers seek the hospital in the rear, while others remain with the troops or at the primary depôts in close proximity to the line of battle. This selection of posts of duty seems to be in great part optional with individuals; unless in the case of those who consider themselves the regularly detailed operators. Others, again, seem to feel at liberty to return to the hospital only when men belonging to their regiments are wounded and sent there. This circumstance they consider sufficient authority, or excuse, if you will, for appearing at the hospital themselves. At some of the hospitals, gentlemen, ambitious to distinguish themselves as operators, 'go in' indiscriminately at the tables of other brigades as well as their own, though I must state that the rage for surgery seems to be at a rather low ebb in this army at present, and I suppose there are good reasons why it is so. As a contrast to this looseness of arrangement or organization, I will give you a specimen of the system that prevails. On last evening the brigade chief surgeons received an order to ascertain and report the number of men in their respective brigades who would be 'unfit for duty for three weeks;' but unaccompanied by anything explanatory of any action contemplated. One brigade reported twenty, and another twenty-five men who would probably remain unfit for duty for the period specified. The consolidated estimate was forwarded to the medical director by the chief surgeon of the division, who in return received an order next morning to instruct the brigade surgeons to select five of the worst cases in each brigade and transfer them to hospital. Furthermore, they had to examine the cases personally; being of course better qualified to judge of their fitness or unfitness for admission to hospital than the officers who had had immediate charge of them, and consequently were in constant observation of their nature, tendencies, and progress. When it is considered that each brigade contains eight or nine regiments, the order limiting the number of sick to five will appear sufficiently ridiculous; and the absurdity of such dictation is not diminished by the fact that the functionary who issues his mandates from corps head-quarters, three or four miles off, is not seen in the camps from one end of the month to the other."

GENERAL CORRESPONDENCE.

THE MANAGEMENT OF THE THIRD STAGE OF LABOUR.

To the Editor of the Medical Circular.

SIR,—I observe by the MEDICAL CIRCULAR of the 30th ultimo that a most useful and important discussion has taken place before the Obstetrical Society of London, on a paper read by Dr. Henry Eastlake with regard to the management of the third stage of labour, and retained or adherent placenta after childbirth. In the first place, I would beg to concur in the remark made by Dr. Greenhalgh and others, "That the best thanks and gratitude of the Profession are due to Dr. Eastlake for the very able manner in which he has brought this most important subject under their notice," and a subject, too, concerning the proper management of which there is still to be found, unfortunately, a very wide difference in the opinions of Medical men. It is not my intention, sir, to detain you very long at present, but only to beg if you will be kind enough to allow me a short space in your most useful Journal to make a few remarks upon the above subject, which I do consider to be one of the deepest interest, not only to the great body of the Medical Profession, but to mankind in general. After long experience and many a serious

thought and reflection on the above mysterious subject, I came to the opinion at last that a great deal of difficulty is often owing to premature meddling and traction at the funis before the poor woman has had sufficient time to rally from the prostrate and exhausted state in which she is so often left in bringing forth her child to the world; and, besides, I am strongly of opinion that both the hour-glass and other irregular contractions of the uterus are caused for the most part by too much fuss and hurry, and the premature attempts on the part of the accoucheur at traction of the umbilical cord, because the uterus itself, being a sort of automatic organ, begins, perhaps, to take a sort of fright or alarm at this too early meddling with, or traction at the funis, something like the sensitive plant, or the limpet, which clings more firmly to the rock at the least touch or approach of danger; and thus, also, the uterus, by some mysterious or inherent power of its own, immediately sets up a sort of antagonistic action against such premature meddling on our part,—and thus it is, perhaps, that many of those irregular spasmodic contractions so very often occur—viz., the uterus grasping, of its own accord, the placenta more firmly at the least touch or approach of danger.

Now, I would only beg to know from Dr. Palfrey, how it is possible for him or any other gentleman to write down so dogmatically, or to tell us that thirty exact minutes is all or the utmost limit as to the time to be allowed to pass before forcible means should be resorted to, to extract the placenta in cases of irregular contraction of the cervix uteri? And I should like to know Dr. Palfrey's reason for all this hurry in such cases, unless he was aware that actual hæmorrhage and imminent death were at hand; but that gentleman makes no remark whatever concerning these affairs, nor does he seem to pay the least attention either to the prostrate and very exhausted state or condition in which the poor woman may chance, perhaps, to be in at the time. No; he would have us tear and pull away at all hazards, so as to have the operation entirely completed and set to rights all within those exact thirty minutes. I might also beg to ask Dr. Palfrey, what is the *modus operandi* that he would recommend us always to adopt, so as to be able, within the exact thirty minutes, to accomplish safely all that he recommends? For as far as I can see, by the MEDICAL CIRCULAR of the 30th ultimo, he has made no attempt whatever to give us any information on that part of the subject. Then, all that we need say farther on this point is, that neither Dr. Greenhalgh nor Dr. Eastlake would recommend anything of the kind, but would both wait a little longer than the exact half-hour, and would rather be guided (as I myself would be also) by the state and condition the sick woman would appear to be in at the time, than by any such limited and exact minutes as proposed by Dr. Palfrey. No; but taking all circumstances in such cases into account, and seeing that there was no actual hæmorrhage or other very apparent symptom of danger approaching to the woman, I would much rather, then, wait a whole hour, or an hour and a half, and even two hours sometimes, as I have been several times before now obliged to do, before I did, or even dare attempt to use any forcible means at extraction of the retained placenta, and yet I have had the good fortune, at the end of two hours or so, to see and observe a smart pain or two start up and expel the placenta in a few minutes without any traction whatever on the cord, or other manipulation, external or internal, unless that of fixing on the binder with a secure though moderate tightness. Thus I consider it to be a very difficult matter indeed to fix any definite or exact limits as to the proper time at which we might be necessarily called upon to interfere, as we all know that it is most desirable and salutary that the uterus should be allowed to expel the placenta always, if possible, by its own natural contractions and efforts, for there is nothing so really dangerous, in my humble opinion, in many of those tedious cases, combined with irregular and spasmodic contractions of the uterus, as the unskilful or *nimia medici diligentia*. I am, &c.,

Drogheda, December 12th, 1864. NEIL MCGREEVY.

THE GOSS TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—With the third and final list of subscribers to the above fund, I beg to tender you the best thanks of the committee for your kindness in having aided them in the object they had in view.

The sum required having been subscribed, will at once be handed over to Dr. Day Goss.

30 Newington place, S., I am, &c.,
December 14, 1864. NOWELL STOWERS.

	£	s.	d.
Robert Bianchi	0	10	6
George Brennan	0	10	6
J. Hutchinson	0	10	6
Edward Pinder	0	10	6
L. Weaver	0	10	6
The South London Medico-Ethical Society	2	2	0

THE INDIAN MEDICAL SERVICE.

The Indian Secretary of State, in a despatch dated November 7, reconstitutes the separate Medical service for India, throws over all the recent ideas, and offers liberal terms. Under the new regulations surgeons appointed to the Indian service will not be required to serve out of India except with their own consent, but will retain their full rank in any part of the world. This provision reconstitutes, in fact, the old service, with the additional privilege of receiving general instead of local commissions, in itself an acceptable grace, but Sir Charles has not stopped there. Formerly every assistant-surgeon had to wait for a death vacancy to become a full surgeon—often a period of seventeen years. His salary during that time might remain almost unaltered; there was no surgeon-major, and the few prizes in the strict line of the Profession were always held for life. The new despatch orders that every assistant shall, after twelve years' service, become a surgeon, whether there is a vacancy or no; that the grade of surgeon-major shall be introduced, that separate inspectors and deputy inspectors-general shall be appointed to the local service, and that they shall hold office only for tours of five years each, thus greatly accelerating promotion. Moreover, the pay is fixed on an entirely novel scale. The assistant-surgeon begins his career on a *minimum* pay of 350*l.* a year, as he did before, but it is to rise steadily with length of service till he receives as unemployed or *minimum* pay per annum:—After five years, 365*l.* per annum; after six years, 472*l.*; after ten years, 492*l.*; after twelve years (surgeon), 770*l.*; after fifteen years, 812*l.*; after twenty years (surgeon-major), 1,022*l.*; after twenty-five years, 1,065*l.* This, be it remembered, is when unemployed—*i.e.*, the absolute *minimum* wage, the allowances for employ being according to the rules laid down in the despatch, at least. 250*l.* more. As an Indian officer is never, except for a few months in a lifetime, left out of employ, the true *minimum* rates may be roughly stated at 350*l.* to begin with, 560*l.* after five years, 700*l.* after ten, 1,000*l.* after fifteen, and 1,200*l.* after twenty years' service. These rates, moreover, are independent of prizes, of an inspectorship on 3,000*l.* a year, and at least three sub-inspectorships on 2,200*l.* each, of a monopoly of stations with practice, of irregular cavalry regiments, and of various other profitable incidents of the career. This, however, is not all. The rates of pension have also been revised, and amount for the future to—After seventeen years' service, say forty-one years of age, 220*l.*; after twenty-one years' service, say forty-five years of age, 292*l.*; after twenty-four years' service, say forty-eight years of age, 365*l.*; after twenty-seven years' service, say fifty-one years of age, 465*l.*; after thirty years' service, say fifty-four years of age, 550*l.*; independently of the 300*l.* a year granted by the Medical Retiring Fund, which fund, with all its liabilities, now very great, is henceforward to be managed and guaranteed by the State. To put the matter in ordinary English, out of official formulas, a young surgeon who enters this service at twenty-four will receive 350*l.* a year; rise 50*l.* a year as a *minimum* for twenty years, and return home at fifty with a pension of 650*l.* a year, enjoying meanwhile extra chances, depending on special ability, special services, or special interest made by himself in India.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 21, 1864.

THE PROPOSED AMENDMENT OF THE MEDICAL ACT.

If the Medical Council had been what it ought to be, namely, a representative body of the Medical Profession, there would be no difficulty in making it understand the deep dissatisfaction which at present prevails as to the working of the Medical Act, and in conveying to its members the universal desire for modification or amendment. But constituted as the Medical Council is, representing only the Crown or the Government of the day, or the interests of the Medical Corporations, it has very little opportunity of hearing the complaints, the remonstrances, or the wishes of the great body of the Profession except through the medium of the Medical press. It is on this ground, as well as on many others, that we urge as strongly as we can the points on which the Medical Act stands in need of amendment, in the hope that our observations may have some weight with the members of the Council, and induce them to bestir themselves before the next meeting of Parliament, in preparing an amended Act to be submitted to the Legislature.

This urgency on our part is by no means uncalled for, since, although many members of the Council are earnestly desirous of rectifying the defects of the present measure, there are others, we fear, who are satisfied with the existing state of things, and are content with drawing their salaries and indulging in a periodical outbreak of talk, without any practical aim in their oratorical displays. The feeling obviously manifested by a portion of the members of the Council is still less defensible than that of the obstructive party to which we have just alluded, for some appear at the Council Board only as the thick and thin supporters of certain Corporations, and are the uncompromising advocates of some of the very abuses which it was the object of the Medical Act to remove.

We have so often alluded to the heterogeneous nature of the materials of which the Council consists, and to the conflicting views entertained by its members, that it is unnecessary to recur to the subject; but as a certain amount of good has already been accomplished, notwithstanding this variety of interests and opinions, it is our duty to urge upon the Profession the necessity of pressing for more, until the Medical Act has actually borne some fruit to repay the cost and labour expended on its introduction and passage through the Legislature.

It is generally understood that Dr. Burrows, the President of the Council, is deeply impressed with the necessity of making the Act practically beneficial to the Profession and the public, and that he is warmly in favour of introducing such amendments as may make its clauses intelligible to all parties concerned, even although its provisions may fail in accomplishing all the objects which may have been desired by Medical reformers. With a view to the discussion of questions connected with the proposed amendment of the Act, Branch Councils have been summoned to meet, or have already met. The Irish Council has met, and we believe has arrived at certain resolutions of a very important nature; the Scotch Council has not yet assembled, but it will do so at an early day; and the English Council has already met once, and will meet again on Friday next. In order that the united deliberations of the three Councils may be fairly placed before Parliament, the General Council will be summoned to meet at an earlier date than usual, the first week in April of the ensuing year being the period at present fixed upon.

The main grievances, as we take it, under which the Profession labours, in respect to the Medical Act, are, first, that the measure affords very little, or no, protection to those who have qualified and registered over those who have done neither; and that, secondly, the Act does not even fulfil the objects set forth in the preamble, namely, to enable the public to distinguish between the educated and licensed practitioners of Medicine and the mere pretenders.

Under present circumstances, as is proved by notorious instances, a gentleman of the highest qualifications as a physician or a surgeon may set up in a given street or square, and a quack, with no qualifications at all, and perhaps with a fictitious name besides, may set up next door to him, and both these persons are exactly equal in the eye of the law. It is true that the qualified and registered physician or surgeon can hold a Poor-law appointment, and (unless a bye-law of his College prevents him) can sue for his fees, but he probably does not care for either of these privileges, and thus he is on exactly the same level with the quack, who does not aspire to any public Medical appointment and never gives trust to his patients. Here the law clearly gives no protection; and can it be said that the Medical Act enables the public to distinguish between the qualified and unqualified practitioner? The public see the name of Dr. W. on one door, and that of Dr. X. on another, and, moreover, Dr. X. advertises himself in the penny newspapers and Dr. W. does not; and how can the public, comprising, of course, tradesmen and advertisers of all descriptions, distinguish between the quack Dr. X. and the respectable and honourable physician Dr. W.?

Our Irish brethren have shown no lack of zeal in grappling with this most important subject, which is exciting the warmest interest in every department of the Profession, and on which some efficient legislation is imperatively required. Strangely enough, it excites less interest among the English branch of the Council than among the Irish or Scotch branch, but this difference is not difficult of explanation, when we regard the composition of the former section. It will be perceived by a glance at the names composing the English branch, that its members are for the most part gentlemen who have no very active sympathies with the Profession, and are personally very well satisfied with things as they are. Some of them, indeed, are not in

practice at all, and most of them are so well provided for by public appointments or other sources of emolument, that they care very little for the annoyances or the losses which their less fortunate brethren may endure from the shortcomings of the Medical Act, and from the general encouragement given to quackery. Still, they are all men of good sense, high honour, and good feeling, and as they probably only require matters to be explained in order to secure their support for legitimate Medicine, it is to be hoped that by public meetings, or communications in the Journals, or by other means, they may be made acquainted with the real state of opinion upon the subjects to which we have referred.

The Irish Branch Council have, we believe, made some very important suggestions, especially in reference to the amendment of the 40th clause, and these suggestions, we feel sure, will meet with the hearty support of the Profession. As the clause now stands, it will be remembered that the punishable offence consists, not in assuming any Medical or Surgical title, but in pretending to be registered under the Act of 1858, so that no protection whatever is afforded to the registered practitioner, for the quack may rest his impunity on his open disregard and contempt of the Act. But the Irish Branch Council propose that the assumption of any Medical title, so as to impose upon the public, is a punishable offence, and the clause, so amended, would at once purify the Profession of a host of pretenders who now prey upon its vitals, and bring disgrace upon the name of Medicine.

It now becomes the duty of every member of the Profession, however weak his individual co-operation may seem to be, to put his shoulders to the wheel in the present emergency, recollecting that if anything beneficial is to be accomplished, it must be done by means of united effort. Let, then, the Medical Council be addressed as much as possible with facts exhibiting the faulty working of the present Act, and the inconveniences and hardships which it entails upon the respectable members of our body. Those Medical men who live in the provincial towns and rural districts should also exert themselves in making the members of Parliament for their respective localities fully acquainted with the wants of the Profession and the necessity for an amendment of the Medical Act; and no time should be lost in adopting this course, for the application for such amendment will be made in the forthcoming session.

SUMMARY OF THE WEEK.

THE CASE OF STONE *v.* STONE AND APPLETON.

In this very important case, which was first tried in the Divorce Court, at the beginning of last year, it will be recollected that a member of our Profession was accused of having had improper intercourse with a married lady, under the influence of chloroform, during the absence of her husband in India. A child was born between seven and eight months after the husband's return, and it was alleged to be the offspring of the previous illicit connexion; and Mr. Appleton's absence from England, under the pressure of pecuniary difficulties, was considered as a corroboration of his guilt. When the case was first tried, the jury gave a verdict against Mr. Appleton, with 2,000*l.* damages, and an application for a new trial was made to the late Sir Cresswell Cresswell, who then presided over the Divorce Court, but it was refused by that judge. Afterwards, however, the case was brought before the full Court, and the application for a new trial was granted. In the meantime, Mr. Appleton, who was in America, wrote to this country, stating that his only motive for absenting himself from England was the state of his pecuniary affairs, and that he not only strongly denied the charge made against him, but was wholly unaware that he was accused or suspected of it, until he received news that the action had been decided, and that he had been condemned in the damages above alluded to. As he was, of course, liable to arrest if he returned under these circumstances, he expressed his determination to remain abroad, and, being unable to provide security for the payment of costs, the new trial proceeded in his absence, and has just terminated. Such is the glorious uncertainty of the law, or, we might add, such is the triumph of common sense over prejudice, that although the facts and opinions addueed, and the witnesses called, were almost precisely the same as on the first trial, yet on this last occasion the jury returned a verdict in favour of the wife, and being by technical circumstanees eompelled to assess damages against Mr. Appleton, they valued them at a farthing. Our own opinion has always been adverse to the first verdict as being against the evidence, or, at any rate, as unsupported by it; and we have on previous occasions remarked upon the preposterous nature of the charge that a Medical man would or could seduce a woman under the influence of chloroform, an imputation which has, indeed, been made on more than one occasion, but which has never been hitherto supported on anything like trustworthy evidence. In one of our articles on the subject we remarked, that "we were the more emphatic on this point, because ignorant men and women are to be found who invent such stories, and, what is worse, there are judges and juries who believe them."

A LATE CASE OF HOMŒOPATHY AT ROME.

It is known that the Count de Willesen, the Prussian Minister at Rome, lately died under so-called homœopathic treatment, and some remarks have been made on the folly of allowing an important public functionary to die under the do-nothing system alluded to, the more especially as the disease of which the late Minister died was ague, which is known to be usually amenable to treatment. The homœopathic party, being nettled by the remarks in question, have volunteered a statement, showing that other causes besides malarious fever conduced to the fatal result, but they also defend themselves by showing that the late Count, under the advice of his globulistic attendants, took two grains of quinine! every twenty minutes!! We

know nothing of the circumstances under which the quinine was administered, as the quantities only are mentioned, and we make no allegation that any treatment would have saved the life of the Prussian nobleman ; but we point to the monstrous absurdity of a system which professes, in theory, to cure disease by the administration of infinitesimal doses, and, in practice, gives large quantities of a powerful tonic for the cure of ague. If, again, there were any truth in the jargon *similia similibus*, &c., how can quinine be expected to cure ague at all ? Did anyone ever see or know of a case where quinine has caused shivering, heat, and sweating, such as constitute a paroxysm of intermittent fever ? We have often characterised Homœopathy (so-called) as a system compounded of folly and dishonesty, and the case to which we have just referred is strongly corroborative of our remarks.

THE OBSCENE ADVERTISING QUACKS AND THE PRESS.

Our contemporary, 'Punch,' still continues his vigorous and wholesome exposure of the disgusting quack fraternity. His recent number contains for its chief illustration a figure of a quack advertiser of the "Manly Vigour" school undergoing the punishment of the pillory, and being pelted with rotten eggs and other missiles, including his own "nervine tonics," "restorative elixirs," and the like A correspondent in the same number writes a letter pointing out how the system of obscene quackery might be suppressed ; but here, we fear, 'Punch's' correspondent displays more zeal and goodwill than knowledge of the subject. He proposes, for instance, that the Medical Council should take steps to expose the indecent quacks and to punish them ; but, unfortunately, the Medical Act gives the Council no power to do anything of the kind, as all quackery (indecent quackery included) was carefully protected by the Legislature when it passed the Act. The next suggestion is equally futile, namely, that in courts of justice the claims of the quacks should be disallowed, inasmuch as the quacks always get their money beforehand, and never trouble the law-courts for its recovery. The third suggestion has more weight, and, if acted upon, may do much to purify the Press at least, even if it does not eradicate the system of quack extortion. This suggestion is to the effect that the public should cease to buy such papers as contain the filthy and indecent advertisements by which victims are entrapped ; and this course would, no doubt, bring the proprietors of such journals to a true sense of what is due to public morality. It cannot be too often repeated that, by inserting such advertisements, the newspapers become the panders to immorality and vice, and partners in the system of robbery and extortion which has lately been so fully exposed. There is no excuse whatever for the continuance of such announcements in the newspapers, except the miserable one that they are profitable to the proprietors, who thus sacrifice at the shrine of Mammon every consideration of decency and self-respect.

THE DINORNIS.—Great interest has been excited, says the 'Sydney Morning Herald,' amongst the naturalists at that place by the news of the discovery of the moa's egg recently in New Zealand.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

DR. A. H. HASSALL contributes "Some Clinical Remarks on Cases of Bright's Disease," which occured in the practice of the Royal Free Hospital. The cases are two in number, selected from among the out-patients, and in both the urine was subjected to a careful and rigorous microscopical and chemical examination. In the one case, there was granular degeneration, or desquamative disease of the kidney, but the urine was secreted in abundance ; in the other case, the microscopical examination showed a large quantity of oil-globules in the urine, proving that the kidneys were undergoing a process of fatty degeneration. The former case, therefore, presented a more favourable prognosis than the latter, but both derived benefit from the treatment they received in the hospital. The therapeutical management of such cases consists in the use of the vapour-bath for removing superabundant water from the system, and the use of nutritious food, especially eggs. When there is fatty degeneration of the kidneys, fatty kinds of food are contra-indicated. Dr. Hassall appeals to these cases as proving that the microscopical and chemical investigation of diseased structures and secretions is often of the highest importance in practical Medicine.——Mr. HOLMES COOTE offers "Some Clinical Observations on Lithotomy," his remarks being entirely of a practical character. The mortality at St. Bartholomew's Hospital is stated to be about 1 in 10, being nearly the same ratio as in the time of Cheselden. Among other practical points, it is mentioned that at this hospital the bladder is not emptied and injected with water before the operation, but the rectum is emptied by means of an injection, and the patient is enjoined to hold his water as much as possible.——Dr. NORMAN W. KINGSLEY, of New York, contributes a paper "On the Treatment of Congenital Cleft Palate ;" but as the paper itself and the illustrative woodcuts are precisely the same as those which appear in the 'Medical Times and Gazette' for this week, we have alluded to them elsewhere.——Mr. G. G. GASCOYEN continues his "Observations on the Unity of the Syphilitic Virus," and criticises the views of those who maintain that there are two distinct forms of syphilis. Even the advocates of the duality of the poison admit the existence of a form of disease which they call a *chancre mixte*, capable of producing both the hard and soft chancre. Mr. Gascoyen states, as the result of his inquiries, that "a careful perusal of the dualistic opinions so ably advanced by Bassereau, Rollet, and others, has failed to convince him of their accuracy ; and the extreme practical need which has called into being the accommodating sore, the *chancre mixte*, completes, to his mind, the fallacy of the double virus theory."——Mr. GEORGE RIGDEN relates "A Rare Case in Midwifery Practice," the peculiarity consisting in the extrusion of the uterus soon after the birth of the child, and before the expulsion of the placenta, which was peeled off from the exposed mucous membrane, and the uterus replaced in its natural position. The only cause of

the extrusion seems to have been that the patient made a slight expulsive effort in order to assist in the removal of the placenta. She entirely recovered, without any bad symptoms.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY continues his lectures "On the Urine and Urinary Organs," selecting for the subject of his present lecture "The Clinical Significance and Pathological Importance of Inosite in the Urine, of Creatin and Creatinin, of Cholesterin, &c." Cystin consists of, in quarter of its weight, sulphur; it is a pale yellow, opaque, amber-coloured crystalline substance, without smell, taste, or reaction. Exposed to light and air, it assumes a sea-green hue. The microscope shows it to be, as regards its crystals, hexagonal, or somewhat hexagonal; to be arranged as plates which may or may not be placed in a laminated manner. The crystals may be mistaken for those of uric acid, than which, however, they are smaller and are soluble in a mineral acid. The urine must be acid in order to show the cystin; and when it does contain this substance it is of a pale greenish colour, or of a sweet-briar-like odour. The best test for cystin is, that when it is burned on a piece of platinum, the latter is turned in colour to a deep greenish blue colour, which disappears as the heating increases. In its physiological bearing it is supposed to have some connexion with hepatic functions. Cystin in the urine is altogether abnormal; but it does not indicate any grave affection. Persons suffering from it are not liable to any other kind of diathesis; hence, the calculi formed of this substance are not compounded with any other material except in very rare instances. Phosphates have an accidental tendency to be mixed with cystin; where they occur together they may be separated by acetic acid. It is by some supposed to be an hereditary diathesis; with this view Dr. Harley does not coincide. Its presence cannot be said to be dependent upon peculiarity of nation, climate, food, or drink, since all classes of people seem to be alike subject to it. Dr. Harley considers the substance to be "an interrupted metamorphosis of some of the hepatic products." The diathesis is congenital rather than acquired. The treatment to be pursued ought to be, as regards diet, an avoidance of all kinds of food and drinks containing sulphates. Concerning medicines: sulphates, sulphuric, acetic, tartaric acids, carbonate of ammonia, or even ammonia in any form should not be administered; alkalies, be they what they may, are not admissible. Ferruginous tonics, combined with nitro-muriatic acid, is the treatment most beneficial. The value of a thorough knowledge of hemistry, in order to be able to prescribe chemical therapeutics chemically correct, is forcibly shown. Cystin calculi exist in the kidney as well as in the bladder; and this fact would go to prove that even at the moment of excretion the urine is unable to retain that substance in solution. The calculi begin to form at an early period, but the age at which they demonstrate themselves specially is between the years twenty and thirty. This form of calculus is very rarely of a mixed kind; still more rarely of a complex character. Till the stone has attained considerable size, patients do not generally seek relief. Again, the stone does not produce much vesical irritation, owing probably to its not being covered with a phosphatic coating.——Dr. KINGSLEY, New York, contributes a paper "On the Treatment of Congenital Cleft Palate." He advises the use of an artificial velum, made of elastic vulcanised rubber, specially adapted to the deficiency, and of a flexibility which will allow it to be carried by the muscles as they move in action.——Deputy Inspector-General HARE continues his paper "On the Treatment of Malarious Fever." It is in those cases of fever wherein head symptoms occur that the drug is especially applicable in the largest doses and at the earliest period. Instead of exciting, it occasions deadly coldness of skin, feeble pulse, sometimes intermitting, complete deafness and amaurosis from its powerfully sedative, almost paralysing effect on the brain; delirium, not active, but of a low muttering kind. It is, in fact, when given in large doses, a most potent sedative, and in order to produce contrary action, wine, &c., require at times to be administered. When the quinine, given, as recommended, in large quantities, induces sickness, it is best to get the patient to take it in brandy, wine, soup, and in the form of pill rather than as a powder. Quinine and calomel administered synchronously help each other, and each tends to a development of the effects of the other. Mr. Hare recommends this combination, and more particularly in the case of child-patients and where the quinine occasions emesis. He uses it in ℈j. doses to adults, two quantities being all that he has in most instances ever found to be requisite. The vomiting will be checked and the quinine can be steadily continued till the mastery is gained over the fever. The calomel can be put on the tongue and then swallowed; while the quina can be given in the form of pill. The latter is first used, if vomiting takes place, the calomel is then given. The mercurial must be given to children in quantities of only two or three grains, and the quina may be wrapped in a piece of jelly and the entire mass then put into the little patient's throat on the point of the finger. The mercurial is to be laid aside as soon as the fever subsides, but the quinine must be continued till it has acted in wholly eradicating the affection. Calomel and quina are both, individually, supposed to be antidotal to the fever; but combined, they are so much more powerfully. Salivation must not be sought, as it is prejudicial rather than otherwise. The time to be selected, if selection be in our power, is when the sweating stage has come on, as then the system is able to absorb the remedies. The diet at the onset of an attack in a young patient must be almost nil for the first day or two; but if the fever have lasted for a week previous to the adoption of treatment, in such a case we should give small quantities of food, even though there should be a loathing to all articles of diet. The food to be preferred is arrow-root, soups, milk; and if the patient be a free liver, wine and the accustomed spirits may be necessary. Let it be distinctly understood that malarious fever is not at all inflammatory, but the diametric condition, and therefore to be cured, not by depletory measures, but by quinine and proper nourishment.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 6.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

A report, by Dr. HARLEY and Dr. MURCHISON, was read on DR. ROBINSON'S CASE OF MENINGITIS WITH ATROPHY OF THE LIVER.

After having examined, microscopically and otherwise, the liver and kidneys of the above-mentioned case, your reporters have arrived at the conclusion that it is one of acute atrophy of the liver. The reasons which chiefly induced your reporters to adopt this opinion are the following:—Firstly. The liver is very much under the normal weight, being only 2½ lbs.; whereas, the normal liver of a man of the size and development described in the author's paper ought to weigh about 4 lbs.—viz., 1-36th of that of the body. Secondly. When the liver is examined microscopically, scarcely any hepatic cells are to be found, and the few which do exist are very granular and much stained with bile pigment. The field of the microscope, however, is chiefly occupied with free granular matter and oil globules, apparently the escaped contents of disorganised cells. It is necessary to remark that as the specimen is somewhat old, the almost universal destruction of the hepatic cells may be in part due to commencing decomposition. Thirdly. The tissues of both kidneys, when examined microscopically, is seen to contain numerous crystals of tyrosin. The crystals are mostly in the form of spiculated balls and stellate groups of fine, needle-shaped prisms. As many as five sets can occasionally be counted in the field of the microscope. Their distribution is, however, by no means uniform. Fourthly, and lastly. The history of the case, the size of the liver, and the presence of tyrosin in the kidney, completely accord with the view of its being one of acute yellow atrophy.

Dr. HERMANN WEBER exhibited

KIDNEYS WITH SO-CALLED FIBRINOUS DEPOSITS FROM EMBOLISM OF THE RENAL ARTERIES.

The patient, a woman aged twenty-six, had been admitted into the German Hospital, on October 3, with old mitral disease and pulmonary apoplexy. On October 5 she was suddenly seized with violent pain in the right side, just below the twelfth rib, coupled with great collapse, vomiting, and diarrhœa, the pain being increased by pressure. The symptoms abated after about two days. On October 12 a similar, but still more violent attack occurred, the pain being this time on the left side, lasting almost a week, with varying intensity, and being only relieved by frequent subcutaneous injections of morphia. The urine, which had exhibited only a very small quantity of albumen before these attacks, became highly albuminous during, and for about a fortnight after, this occurrence, containing many tube casts of various kinds, but principally transparent ones. From the end of October, however, until the time of death the urine was free from albumen and casts. Traces of blood only had existed during a few days at the time of the attack. Anasarca of the lower extremities, which had been moderate before the attacks, had much increased immediately after them, but diminished again with the disappearance of the albumen from the urine. Intense icterus during the last fortnight. Death occurred from pulmonary apoplexy and pleuritic effusion on November 11. The post-mortem examination manifested mitral stenosis, with roughness of the edges of the very narrow oval-shaped opening, and great dilatation of the left auricle; and also moderate contraction of the tricuspid orifice (from adhesion between two of the folds, and slight thickening of all three), and corresponding dilatation of the right auricle. The right lung exhibited the products of pulmonary apoplexy in various stages of progress, and the right pleural cavity was filled with sero-purulent fluid. The mucous membrane of the small intestines swollen, closing the opening of the gall duct. Liver nutmeg, commencing atrophy, tissues very tense. Spleen likewise hard and tense; as also the suprarenal capsules. The right kidney contains in the centre a pale, yellowish deposit, shrunk and depressed below the surface of the surrounding tissue; the left kidney contains several larger deposits likewise of pale yellow colour, but slightly raised above the level of the surrounding normal tissue; the deposits occupy the greater part of the upper portion of the kidney; the corresponding artery is obliterated by an old fibrinous plug, while the artery supplying the normal portion is free. The plug in the obstructed branch of the artery is slightly adherent to the walls—can, however, be separated without injuring them; it does not obstruct the whole length of the branch, but terminates at two ramifications rather abruptly, leaving the remainder free. Dr. Weber remarked that amongst the many points of interest the case showed, with regard to the so-called fibrinous deposits of the kidney, their embolic nature by the presence and the characters of the plug in the upper branch of the left renal artery; that it further elucidated the symptoms of embolism of the kidneys, which affection in this instance had been diagnosed by Dr. Baeumber, the resident Physician of the Hospital, at the time of the occurrence; and that it manifested also the changes taking place in these "deposits," that in the right kidney having occurred thirty-eight days before death, being already shrunk below the level of the surrounding tissue, while the deposits in the left kidney having occurred between a week and a fortnight later, were still slightly prominent above the level of the surrounding tissue, but without the elevated red margin seen in still more recent cases.

The time of the Society being much occupied, Dr. Weber did not enter into the description of the microscopic appearance of the deposits.

Dr. HARLEY asked Dr. Baeumber to describe the circumstances which led him to the diagnosis.

Dr. BAEUMBER then mentioned the symptoms related in the case—viz., the sudden occurrence of violent pain in the region of the kidney, great collapse, sickness and diarrhœa, coupled with the changes in the urine, in a patient affected with old mitral disease, and, therefore, predisposed to embolic affections.

Dr. CRISP thought that this, like many other cases of so-called embolism, did not properly come under this head. In many inflamed parts the arteries contained fibrinous deposits, and it was impossible, he thought, that fibrine could be carried from the heart, and thus plug several small arteries of the kidney.

Dr. WEBER replied that Virchow had clearly proved by experiments that much larger pieces of fibrine than that forming the plug in the case before the Society could be propelled by the heart, and carried by the blood to distant organs until they were arrested by the diminished size of the artery, or by a bifurcation, and thus led to plugging of some arterial branch or branches.

Mr. FERGUSSON read the following communication sent to him by George Harday, Surgeon, West Haddon:—

CASE OF EXCISION OF THE HEAD OF THE RIGHT HUMERUS AND GLENOID CAVITY OF THE SCAPULA FIFTY YEARS SINCE.

N.B., aged seventy-eight, by trade a sawyer, a tall, well-made man, came under my observation in the year 1844 (then in his fifty-ninth year). A peculiar flattened appearance about the right shoulder-joint which attracted attention was explained by the absence of the head of the humerus and articular surface of the scapula. From his own account, in the year 1812 he received a severe injury to the shoulder-joint, inflammation and suppuration resulted, exfoliation followed:—caustics, incisions, and general treatment did not avail to relieve the constitutional irritation. In 1814 Dr. Locock, assisted by Dr. Kerr, at the General Infirmary, Northampton, removed the carious head, and about an inch of the shaft of the humerus and glenoid cavity of the scapula. He made a good recovery, and for some years after followed a lighter occupation than his laborious calling: he, however, resumed his trade, and the narrator has often seen him wielding his axe to prepare the butt of a

tree for the sawpit. The power of the right arm was all underhand, and when the axe was raised the left arm was the elevating member. As he had promised to bequeath to me the shoulder, he enjoined his friends to inform me of his death. The parts were hurriedly removed the day after his death, April 21, in the presence of his relatives. Before turning back the skin from the flattened shoulder three deeply attached cicatrices presented. The deltoid muscle was small, the supra spinatus much wasted, the other muscles much wasted. The part from which the glenoid cavity was excised will be seen to be bifid; the ligamentous connexion of the shaft of the humerus to the scapula is in the line of the greater tuberosity, the unattached portion in that of the lesser. For fully thirty-five years this man's arm did him useful service.

Mr. FERGUSSON then brought forward a specimen of

MILK-LIKE FLUID REMOVED FROM A HYDROCELE.

The fluid, removed on two occasions, looked exactly like milk. It was so striking, Mr. Fergusson never having seen a similar case, that he brought it before the Society. He did not believe much in analysis, but it might be a feast for the imagination of some gentlemen. It had already been examined with great care by Dr. Thudichum; but as it was a very rare specimen, Mr. Fergusson thought it would be well that it should be reported on by the Pathological Society.

In reply to Mr. Fergusson, the PRESIDENT said that he had not seen such a case.

Mr. FERGUSSON, in reply to the President, said the fluid was, he thought, more of a fatty than of a milky character.

Dr. BROADBENT said that Dr. Thudichum had found that the milkiness was due to fat, but in the form of fatty acids.

Dr. Harley and Mr. Francis Mason were requested to analyse the fluid, and to report on it to the Society.

Dr. SEDGWICK then brought before the Society a child, who had been the subject of

KELOID.

A report of the case is to be found in the twelfth volume of the 'Transactions' of the Society. The child's head had improved very much, and all the fourteen patches were gone, nothing being left but brownish stains. The skin generally was healthy, except in one point, where was a glossy white patch. This resembled the early stage of the other patches, but it had not undergone any changes. There was a shallow groove on the tongue where there had been a patch of keloid. The disappearance of the disease began soon after the report. Cod-liver oil had been given, but probably time had been the great element towards cure. The same occurred in a case described but not named by Dr. Alderson.

Dr. HILLIER thought the disease resembled that which had been called sclerema by Dr. McKinnon, of Glasgow. Sclerema generally ended in evolution, and differed from Addison's keloid in not being claw-like. In one or two of Dr. McKinnon's cases the tongue had been affected.

Dr. BALMANNO SQUIRE thought the disease was not true keloid, but that it was allied to lupus.

Dr. SEMPLE said care ought to be taken in spelling the form of the disease. It was sometimes written "keloid," and sometimes "cheloid." The first term merely meant a tumour, the second a tumour like a claw. The disease in Dr. Sedgwick's case did not present the appearance of a claw. He (Dr. Semple) thought sclerema would be a safe designation.

After some further remarks by Dr. Schulhof and Mr. Chalk,

Dr. SEDGWICK said the disease had been called keloid by three hospital physicians, but the term was, he agreed, not a very appropriate one.

Mr. POWER exhibted a

CASE OF ENCEPHALOCELE,

which had occurred in the practice of Dr. Tebay. The expanded plate of the occipital bone was entirely deficient, and the brains were, for the most part, contained in a large sac at the back of the head, formed by the expanded and attenuated dura mater and integuments. Examination of the brain showed the absence of corpus callosum, fornix, and commissures, so that the hemispheres were only connected by some transverse fibres occupying the position of the anterior perforated space. The cerebellum was absent, and the medulla oblongata presented a truncated appearance, the restiform tracts appearing as a few loose strands. The anterior pyramids could be traced into the hemispheres, forming the crura cerebri. There was no pons Varolii. Examination of the heart showed the following remarkable arrest of development:—At the upper part of the septum ventriculorum was a large foramen, which opened just below the semilunar valves of the pulmonary artery. This trunk, however, after giving off the right and left pulmonary arteries, continued as the thoracic aorta, curving over as usual to the left side, and giving off the vessels for the supply of the head and arms, presenting, consequently features which were not dissimilar to those characterising the circulation of the higher reptilia.

Mr. CHRISTOPHER HEATH brought before the Society

THREE CASES OF ENCEPHALOCELE OF THE ANTERIOR PART OF THE HEAD.

1. The first specimen was from a case which occurred in the practice of Mr. Riley, of Charlwood street, and consisted of the head of a child born at full term, which presented a large tumour of the forehead, measuring twelve inches in circumference transversely and ten inches in circumference from before backwards. This tumour was the presenting part in the labour; and as it prevented the delivery of the head, it was punctured, when about a quart of clear serous fluid escaped. The child lived ten hours, fluid and particles of brain matter coming away from the puncture during that time. The tumour proved to be an encephalocele, the dura mater being bulged out between the halves of the frontal bone, which were widely separated, and containing a portion of the brain. The brain was very soft; but there appeared to be no communication between the cavity of the tumour and the ventricles. The child was otherwise well formed, with the exception that it presented a single hare-lip immediately to the right side of the median line.

2. The second case was that of a little girl, aged eleven, who at birth had a pulsating tumour at the root of the nose, evidently dependent upon some communication with the interior of the skull, and probably connected with the anterior lobes of the brain. The child had been first seen by Mr. Heath when five years old; and a photograph of it at that age was exhibited, no material alteration having taken place since that date. The tumour had expanded the nasal bones, but did not encroach upon the nasal cavities, and was presumed, therefore, to depend upon some want of development of the base of the anterior form of the cranium, and probably the cribriform plate of the ethmoid bone.

3. In this case the protrusion was almost precisely similar to the second case as to position, but the tumour was more prominent, and about the size of a very large marble. The child was three years old. The growth seemed to have increased in proportion to the child's age only. During the first four months of life the sac appeared to be perfectly transparent; and at the end of that time Mr. Paget tapped it, and evacuated a considerable quantity of fluid. Afterwards, iodine injections were used on three occasions, and caused so much inflammation that serious symptoms were developed. However, after this, the walls yielded, and a large quantity of fluid looking like dirty water was evacuated. Soon after—within twenty minutes—it re-filled; and since, nothing has been done.

The child is strong and well, and suffers no inconvenience except from the deformity produced by the tumour; for this he was brought to Mr. Heath last summer, but the case was evidently one not admitting of operation.

Dr. GREENHOW showed a specimen of

DISSECTING ANEURISM OF THE ABDOMINAL AORTA.

On admission into the Hospital, the patient, a young man of twenty-eight, had a large fluctuating tumour at the left side of thorax posteriorly. A few days later another swelling appeared at the right side of spine, and it was soon evident that there was communication between the two

tumours. Some doubts being entertained as to their nature, a very small trochar was introduced into the left tumour, and drew nothing but a little arterial blood. The wound was dressed with collodion and lint, and healed readily, no injury resulting from the operation. The tumours continued to enlarge, and the patient died of asthenia. At the autopsy, the liver and kidneys were found displaced and protruded forwards by a large aneurismal tumour which occupied the posterior part of the abdomen from the diaphragm downwards as low as the ilium, and was deeply grooved along its middle by the aorta, which was in front of it. The sac was distended with thin, claret-coloured blood, and lined with dense layers of fibrine. The diaphragm was pressed upwards on both sides by the tumour. Immediately below the diaphragm the aorta opened abruptly into the aneurism, two-thirds of its circumference posteriorly presenting a free even margin, as if cut with a knife. Anteriorly the wall of the artery was spread out so as to form part of the anterior wall of the aneurismal sac. The inner coat of the artery could be traced passing over the free margin of the vessel and lining part of the sac. The exit of the aorta from the sac was also abrupt, but somewhat less so than its entrance, and the vessel appeared of normal calibre both above and below the aneurism. The breach in its posterior wall was 1¼ inches in length, extending from the diaphragm nearly to the renal arteries. The cœliac axis and the superior mesenteric artery opened directly into that portion of the anterior wall of the artery which formed part of the aneurismal sac. The vertebral column was for several inches entirely included in the aneurism, which had eroded part of the bodies of several vertebræ, and had displaced and partly divested of periosteum some of the lower ribs on both sides.

Dr. GREENHOW also showed several specimens of

TÆNIA MEDIO-CANELLATA,

which had been obtained from patients under his care during the last few months. Two of them were perfect. He said that this species of tape-worm, generally considered so rare, was in his experience more common in London than tænia solium. The T. medio-canellata was distinguished from T. solium by its much greater length, the greater breadth and thickness of its proglottides, the larger size of the head, and, above all, by the absence of hooklets It was also of very rapid growth, and gave off segments in such profusion that they frequently passed spontaneously without any action of the bowels. One of the specimens exhibited was remarkable for the extraordinary length of some of its segments, one measuring as much as 2½ feet. The case from which two of the other specimens were obtained well illustrated the peculiar tenacity of this species of tænia. For nearly two years the patient, who had two parasites, suffered from a recurrence of the symptoms at regular intervals of ten to twelve weeks, and it was only in May and August of the present year that the two heads were successively expelled by treatment, so as to effect a permanent cure.

APPOINTMENT.—Mr. Philip John Simpson, M.R.C.S.Eng., L.S.A., of Gower street, Bedford square, was elected House-Surgeon to the Westminster General Dispensary, on Wednesday, the 14th inst.

LETTS'S DIARIES.—The approach of Christmas again brings before our notice the publication of Letts's Diaries, the circulation of which is stated to approximate to 300,000, and to be steadily increasing. These diaries are to be had in almost every conceivable form, and we might add at almost every conceivable price, and are distinguished for the value, copiousness, and variety of the matter they contain, and the excellency of the workmanship they display. Some of them are specially adapted for pocket use by Medical men, but others, and the great majority, may be used by all classes of society, and their enormous sale is fully explained by their neat and handsome appearance, and the convenient arrangement of the different departments into which each is divided.

LEGAL INTELLIGENCE.

COURT OF COMMON PLEAS.—DUBLIN.

(Before Chief Justice MONAHAN *and a Special Jury.)*

TRAVERS *v.* WILDE.

This was an action for libel. The plaintiff, Mary Josephine Travers, is the daughter of Dr. Travers, Professor of Medical Jurisprudence in the School of Trinity College, and sub-librarian of Dr. Marsh's Library, and the defendants are Sir William Wilde, the eminent oculist, and Jane Francesca, his wife. Damages were laid at £2,000.

The alleged libel was contained in the following letter, written by Lady Wilde to Dr. Travers, the father of the plaintiff:—

"Tower, Bray, May 6.

"SIR,—You may not be aware of the disreputable conduct of your daughter at Bray, where she consorts with all the low newspaper boys in the place, employing them to disseminate offensive placards in which my name is given, and also tracts, in which she makes it appear that she has had an intrigue with Sir William Wilde. If she chooses to disgrace herself, that is not my affair; but as her object in insulting me is the hope of extorting money, for which she has several times applied to Sir William Wilde with threats of more annoyance if not given, I think it right to inform you that no threat or additional insult shall ever extort money for her from our hands. The wages of disgrace she has so basely treated for and demanded shall never be given to her.

"JANE F. WILDE.

"To Dr. Travers."

The defences pleaded were—first, a plea of "no libel;" secondly, a denial of the defamatory sense imputed by the plaint; thirdly, a denial of the publication alleged; and fourthly, a plea of privilege. The latter plea was grounded upon the following circumstances:—That the plaintiff, who had been an acquaintance of Lady Wilde, took umbrage at some supposed slights which she thought her ladyship had put upon her, and that from that time forward she conceived the desire of insulting and annoying her by various ways and means, and, amongst others, by publishing a certain scandalous pamphlet, under the title of 'Florence Boyle Price; or, a Warning,' by "Speranza," thereby causing the public to believe that such publication was the composition of Lady Wilde, who had previously been known as an authoress under the name of "Speranza," in which she (Miss Travers), under the assumed name of Florence Boyle Price, would make it appear that a person therein styled "Dr. Quilp," whom the plaintiff afterwards admitted to have been intended for Sir William Wilde, had made an attempt upon her virtue, and that, in furtherance of her design, she caused divers doggrel verses and editorial articles to be inserted in a newspaper, signing some of them with the assumed name of "Speranza;" and that she also wrote and addressed to the defendants divers insulting and offensive letters. The defences also set forth that, for the purpose of further annoying and insulting the defendants, the plaintiff, on an occasion of a public lecture being delivered by Sir Wm. Wilde to the Young Men's Christian Association, and for the purpose of exposing him to ridicule and contempt, caused a number of large placards to be exhibited on the evening of the lecture, having upon them the words, in large letters, "Sir Wm. Wilde and Speranza," and that for the purpose of directing attention thereto, she employed a person bearing one of the placards to continuously ring a large hand-bell; and that she further caused divers persons to sell copies of the same immodest pamphlets, falsely alleging it to be the intended lecture of Sir Wm. Wilde, thereby causing great disturbance and confusion in the place where the lecture was to be delivered; and that she further, for the purpose of inciting public attention to the transaction which she herself had originated, wrote a letter to 'Saunders' News-Letter,' signed "Inquirer," begging to be informed what caused the tumult at the Metropolitan Hall on the occasion of the lecture. The defendant further pleaded that after the lecture was delivered the plaintiff continued to publish the immodest pamphlet; that for that purpose she employed a number

of boys at Bray for hire to vend quantities of it immediately about the vicinity of Lady Wilde's then residence, accompanying some with the large placard referred to, and that they did so under surveillance and guidance. The defence contended that the plaintiff, for the purpose of further annoying Lady Wilde, caused one of the boys to offer for sale to her and her servants a copy of the pamphlet in the house in which she (Lady Wilde) and her family then resided, and in which pamphlet the plaintiff would have it to be believed that she had an intrigue with Sir William Wilde. Another averment in the defence was, that the plaintiff, on several occasions before the writing of the alleged libel, had applied to the defendants for money, and that she had accompanied some of such applications with threats of more annoyance, if her request was not acceded to. The pleas then went on to aver that the only publication of the alleged libel was in the form of a letter written by Lady Wilde to Dr. Travers, the father of the plaintiff, who was then residing in the same house with her, and which letter was enclosed in a sealed envelope and addressed to him; and that she so wrote the letter with the *bonâ fide* and honest desire of informing Dr. Travers of the scandalous and disgraceful conduct of his daughter, and with the sole object and view of endeavouring, if possible, to induce him to use his parental influence and authority over her, and thereby stop her from further disgracing herself and her family, and annoying and insulting her ladyship; and that at the time she so wrote same she honestly believed the statements therein made to be true, and that she wrote it without malice, and solely with the view and for the purpose stated.

The trial of the suit occupied the whole of last week, having commenced on Monday morning and terminating only on Saturday evening. The plaintiff, Miss Travers, was examined as a witness, and deposed to facts stated in her counsel's opening speech, but no other witness was called in support of her case. Lady Wilde was called for the defence and testified to the matters set forth in her pleas. The nature of the evidence on both sides will be gleaned from the following summing up of the judge:—

Chief Justice Monahan reviewed the evidence at much length, and went into the circumstances pleaded by Lady Wilde in justification, remarking that it was impossible to conceive a greater insult than that put upon her by the plaintiff, as regards the offensive placards and pamphlets. There was no doubt that Lady Wilde wrote the letter containing the alleged libel, and it was for the jury to say whether it was true; whether she was justified under the circumstances; and whether she had acted without malice. If the jury should be of opinion that the plaintiff was entitled to a verdict, the defence set up might be taken into account in considering the question of damages. The peculiar acquaintanceship represented to have subsisted between the plaintiff and Lady Wilde before the allegation of any improper act, his lordship thought a very dangerous sort of intimacy. As to the alleged violation, the case must be decided by the jury without reference to that. The plaintiff could get no damages in regard to it. The allusion of the learned judge to this portion of the case is thus reported: In October of the same year (1862) Miss Travers got a letter from Dr. Wilde asking her to call on a certain day, which she did, but he was engaged, and asked her to call on the following day. This she did. She suggested that he should examine a burn on her neck. His lordship then proceeded to detail the plaintiff's evidence with regard to the alleged outrage. He proceeded to state that, after recovering from the state of unconsciousness, she saw Dr. Wilde throw something into the fire—a paper or kerchief, or something which it was important should not be allowed to remain in existence. She stated that she knew she had been violated. According to the evidence, Dr. Wilde followed her up to the drawing-room, where she became more tranquil, and returned to her father's house that evening. Dr. Wilde's answer to that, by his counsel, is, that whether that statement be a fabrication or an exaggeration, it is not material for him to answer it, as it has no bearing on the issue in this case. It was most true, as eloquently stated by Mr. Butt, that true or not, material or not, Dr. Wilde might have come into the witness-box and contradicted it if false, or given his own version if exaggerated. But, supposing it to be true, the conduct of the lady seems very odd. In a case of forcible violation no civil proceeding can be taken until justice is first satisfied by a criminal prosecution. The conduct of this lady was very odd certainly, in not having brought the matter at once under the notice of her father, and in afterwards having correspondence with the defendant and accepting favours from him. Under these circumstances, a criminal prosecution would be scouted from the court. The difficulty in this case was, that Sir William Wilde did not come forward to contradict her allegations if they were false.

The jury retired at half-past four o'clock, and remained in their room for a considerable time. During their absence the utmost excitement prevailed in and about the court, the outer hall and passages being crowded by persons anxious to know the result of the trial. At a quarter to six o'clock the jury returned into court, finding for the plaintiff—one farthing damages.

We quote the following remarks, bearing on the above case, from the Dublin correspondent of the 'Times':—

"A trial has been proceeding in the Court of Common Pleas since Monday morning, which has excited a degree of interest second only to that produced by the case of Major Yelverton. It is an action for libel, brought by a lady named Travers against Lady Wilde, and her husband Sir William Wilde, before the Chief Justice Monahan and a special jury. The heroine is not so romantic, so brilliant, or gifted as Miss Longworth, but she, too, is a literary lady, and remarkably clever. She is the daughter of Dr. Travers, a Professor in the Dublin University, and sub-librarian in Marsh's Library. He is very learned, but, like most bookworms, he is negligent with regard to his dress and his private affairs, being known as a very eccentric though a very worthy man. He has two sons, who emigrated to Australia, and three daughters, the eldest of whom has brought the present action. His wife, who is a Roman Catholic, has been separated from him for some years; and while he was engaged in his professional duties, and devoted to his books, his daughters were living without protection in a small house in Williamstown avenue, near Blackrock. Sir William Wilde has long been a distinguished public character in this city. He has had extensive practice in his profession as an oculist and aurist. He is a leading member of the Royal Irish Academy; he is one of the Census Commissioners for Ireland; he is the author of several books, and in consideration of his public services he received the honour of knighthood in January last from the Earl of Carlisle. Lady Wilde also has been long distinguished as a literary character under the *nom de plume* of 'Speranza.' Some of the most spirit-stirring poems that appeared in the 'Nation' during the years preceding the outbreak of 1848 emanated from her pen. She was the writer of one of the articles in that journal for which Mr. Gavan Duffy was prosecuted, and when he was arraigned at the bar she stood up in the gallery and courageously avowed the authorship. She is the translator of a philosophic romance called the *First Temptation*, published anonymously in Germany, from which extracts were given during the course of the trial."

THE PHYSICIAN'S, SURGEON'S, AND GENERAL PRACTITIONER'S VISITING LIST, DIARY, ALMANACK, AND BOOK OF ENGAGEMENTS FOR 1865. Nineteenth year. This small, but very useful book has now been a long time known to the Profession, and the mere announcement of its appearance at the present period is sufficient to secure for it its customary appreciation and its extensive use. Besides the almanack, it contains a list of fees legally claimable by Medical men, a life table, a table of expenses, income or wages, and then a series of pages, comprising a visiting list and journal, with obstetric, vaccination, and other engagements, and many other features of importance in a pocket-book intended to be used by the Medical Profession. The present annual is quite equal to its predecessors.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the last meeting of the Council, Jonathan Clerke, of Dublin, diploma of membership dated April 18th, 1828, was admitted a Fellow of the College by election. The next preliminary examination for students about to commence their professional studies will take place at the College of Surgeons on Tuesday next, the primary or anatomical examination on the 14th proximo, and the pass or surgical on the 21st of January.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst. :—Bryan Holme Allen, University College Hospital ; Charles Forrester Bullmore, Falmouth ; Vaughan Carnley, Church street, Barnsley ; Thomas Bridgend Collier, Glamorganshire ; John Reuben Bathurst Dove, London Hospital ; Frederick Manser, Chatham, Kent ; George Brigg Peirson, Sherburn, Yorkshire ; Charles Henry Spooner, Newington, Surrey ; Thomas Charles Spyers, Faversham ; Thomas Wiltshire, Abingdon, Berks.

The following gentlemen also on the same day passed their first examination :—Joseph Goodall, St. Bartholomew's Hospital ; Charles George Langdon, St. Bartholomew's Hospital ; James Forbes Sargent, St. Mary's Hospital ; Edward Seymour Wright, London Hospital.

TESTIMONIAL TO MR. RICHARD RUGG.—The presentation by the members of the Manchester Unity of Odd Fellows of a testimonial to Mr. Richard Rugg, in appreciation of his services as lodge surgeon for upwards of a quarter of a century, has recently been made. It consisted of a handsome silver cup with a suitable inscription.

STAFFORDSHIRE INFIRMARY.—At a special meeting of the governors of this institution, held on the 1st inst., it was resolved that, after five years' deliberation, no other site than that which was already in possession of the governors could be obtained within three miles of the present infirmary ; the meeting, therefore, adopted the land at The Mount for the erection of the new building. A rider was also added to the resolution recommending the committee to consider the question of accommodating the more distant parts of the districts by dispensaries and similar institutions.

CAMBRIDGE NATURAL SCIENCES TRIPOS, December, 1864. —*Examiners:* Peter Wallwork Latham, M.D., Downing College ; Churchill Babington, B.D., St. John's College ; Samuel George Phear, B.D., Emmanuel College ; William Henry Brown, M.A., Caius College. *First Class.* — Dr Danby, Down. ; Dr. Bradbury, Down. ; Dr. Rankin, Trin. ; Dr. Cooper, Caius ; Hon. Dr. A. Strutt, Trin. *Second Class.* —Dr. Layton, Queen's ; Dr. Hodgson, Trin. ; Dr. Darroch, Trin. ; Dr. Callis, Cath. ; Dr. Barclay, Trin. *Third Class.* —Dr. Chambers, Trin. ; Dr. Wilson, Caius ; Dr. Jones, Queen's ; Dr. Berens, Trin. Hall.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 21.—*Operations* at Middlesex Hospital, 1 p.m. ; St. Mary's Hospital, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; Great Northern Hospital, Caledonian road, 2 p.m. ; University College Hospital, 2 p.m. ; London Hospital, 2 p.m.

THURSDAY, DEC. 22.—*Operations* at St. George's Hospital, 1 p.m. ; Central London Ophthalmic Hospital, 1 p.m. ; London Surgical Home, 2 p.m ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, DEC. 23.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 24.—*Operations* at St. Thomas's Hospital, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

MONDAY, DEC. 26.— *Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 27.—*Operations* at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Letts's Medical Diary for 1865 ; Letts's Appointment Diary for 1865 ; Letts's General Diary for 1865. London : Letts, Son, and Co., Royal Exchange.

Medical Errors : Fallacies connected with the Application of the Inductive Method of Reasoning to the Science of Medicine. By Dr. A. W. Barclay. London : John Churchill and Sons, New Burlington street.

Curvatures of the Spine : their Symptoms, Pathology, and Treatment. By B. E. Brodhurst, F.R.C.S. Second edition. London : John Churchill and Sons.

On the Treatment of Rheumatic Fever in its Acute Stage, exclusively by Free Blistering. By Dr. Herbert Davies. London : John Churchill and Sons.

Observations and Notes on the Arteries of the Limbs. By Thos. W. Nunn, Esq. London : John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund :—

	£	a.	d.
Dr. Mackinder, Gainsborough	0	5	0
Dr. Bryan, Northampton	0	5	0
G. John Hinnell, Esq., Thingoe . . .	0	5	0
Amount previously announced . .	103	4	6
Received at the 'Lancet' Office . . .	6	14	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
Dec. 14, 1864.

DR. GEORGE KEMP.—The letter has been received, and the subject shall be noticed.

A CONSTANT READER.—*5l.*, unless the qualification was obtained before January, 1859, in which case the fee is *2l.*

IMPERITUS.—Our contemporaries, the 'Lancet' and the 'Medical Times and Gazette,' must have thought the communication of Dr. Norman W. Kingsley, of New York, to be one of very great and special importance, for they both produced it simultaneously last week.

ANXIOUS.—There is not the slightest reason for supposing that any measure relating to Pharmacy will interfere with the privileges already possessed by the members of the Medical Profession. "Anxious" need be under no apprehension upon the subject to which he alludes.

MR. S.—Opinions are divided as to the efficacy of the pulvis antimonialis, which consists of a mixture of oxido of antimony and phosphate of lime. It is supposed to have the same composition as the celebrated James's powder.

MR. NEIL MCGREEVY.—The letter has been received.

VIGILANS.—We are not acquainted with the name of the University or College from which the person in question obtained his diploma, if he ever obtained one at all, which is doubtful.

A FATHER.—The London Medical Corporations all insist that the examination in Arts must be passed previously to registration as a Medical student. It is not of the slightest use to attempt to evade this regulation.

MR. NOWELL STOWERS.—The letter is inserted.

A CITY PRACTITIONER.—We cannot form any opinion upon the question in dispute until all the facts are laid before us.

DR. R., *Liverpool.*—We believe that the gentleman alluded to has not yet been reimbursed the expenses which he sustained in his disinterested efforts.

DR. SISSON.—The paper is published.

MR. B.—The sulphites of the alkalies have been given with advantage in certain forms of disease characterised by the development of parasitic fungi, on which sulphurous acid exerts a poisonous influence. The sulphites are decomposed by the acids of the stomach.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON POST-PARTUM HÆMORRHAGE AND ITS SCIENTIFIC TREATMENT.

BY J. LUMLEY EARLE, M.D.,
Obstetric Surgeon to the Queen's Hospital, Birmingham.

(Continued from page 358.)

THE AFTER TREATMENT.

After the flooding has to all appearance ceased, the uterus should be still kept under command by the hand for at least half an hour, and an ocular examination ought to be made every now and then, to see whether there is any return of the hæmorrhage. If, during that time, the uterus has remained well contracted, and there has been no loss of blood, or merely a slight draining occurring at long intervals, and of short duration, the patient may, with few exceptions, be placed comfortably into bed. Obstetric writers usually advise that a woman after a flooding should not be moved for ten or twelve hours. In some cases, where the patient is in a most precarious state from the loss of blood, it will not be safe to disturb her for several hours. If the patient has been confined in her stays, and morning dress, with the mattress turned up, it will be also advisable not to move her for a considerable time, as taking off the various articles of clothing, putting on clean night-things, and dragging or half carrying her over the mattress into bed, may bring on a fresh attack of hæmorrhage. In all other instances, however, the patient may be placed into bed from half an hour to an hour after the cessation of the flooding, with safety and advantage. I feel convinced that allowing women after flooding to lie with their hips surrounded with clothes soaking wet is fraught with very considerable risk. Not only are the clothes wet and uncomfortable, but long before twelve hours have elapsed they become vary offensive. When the patient is confined, dressed in the manner I have recommended, with a clean night-dress and chemise well drawn up round the waist, and the lower part of the body enveloped in one or two skirts, the patient may be put to rights with very little disturbance. The wet things have merely to be drawn away and the clean clothes to be drawn down. The plan usually followed by the upper class, of being confined in their night-clothes, is not so safe ; the wet night-dress has to be taken off and a fresh one put on, which entails a good deal of exertion. In flooding cases, the surgeon should himself assist in getting the patient into bed. She should not be allowed to do anything herself ; everything should be done for her. The only movement the patient will have to make is to raise the hips slightly, while the wet things are being drawn away, and the clean things drawn down. She should be placed on her left side, unless from some reason or other she cannot lie on that side. Dr. Tyler Smith states that he has noticed there is less tendency to fainting in that position than in any other. I have also noticed that myself, and, for that reason, I prefer keeping a woman who has flooded on the side for some hours rather than on the back. A broad bandage should next be passed under the patient's hips and drawn tightly, and pinned on the right side, after having first placed over the uterus two folded napkins, or, what is better, a roll of napkins round the uterus, as already described in the preventive treatment. Not more than one pillow should be placed under the patient's head ; all excitement of any kind ought to be carefully avoided as much as possible, such as talking, noise, &c. The room should be kept at a moderate temperature, and dark. Food or drink at first must be taken cold, afterwards tepid. If the bladder is at all full, the catheter should be used, as the removal of the urine not only allows the uterus to contract well, but it saves the patient the necessity of exerting herself for several hours to pass water.

Both while the flooding is going on and after it has ceased, it is requisite to give brandy neat or diluted with cold water, whenever the patient shows any signs of fainting or great depression. It is wonderful what a large amount of spirit women can imbibe without exhibiting the ordinary effects, and it may be hailed as an excellent symptom when they do show signs of being under its influence, such as talking and praying incoherently. The brandy should not be given up immediately that the faintings cease and reaction is brought about ; but it ought to be continued for twenty-four hours or so in table-spoonful doses in the same quantity of water every three or four hours. Some Medical men recommend large doses of opium to rally the patient instead of brandy. Dr Gunning Bedford, of New York, advises a tea-spoonful of laudanum to be given every fifteen minutes until reaction sets in. I should certainly be afraid to use such doses myself, and have always at present found the effects of brandy-and-water quite satisfactory. There are instances, however, in which the loss of blood has been so great that no amount of brandy will prevent the patient from sinking, and in such cases we have to resort to the operation of transfusion. Transfusion will probably be had recourse to more often than it has hitherto been, but it will never become a common operation, because the cases which necessitate its employment are so rare. Dr. Graily Hewitt, who has written the most masterly paper on the subject,* and has invented the most simple and convenient instrument for the performance of the operation, mentions the following symptoms which indicate the necessity of transfusion. Any one of these symptoms *continuing for any length of time* are very rarely observed, and unless they are persistent, and not relieved by the ordinary remedies, transfusion is not required :—1. Absence of power to swallow. 2. A number of symptoms combined, such as a deadly pallor and coldness of the body and extremities ; absence of pulsation or extreme feebleness of pulsation at the wrist, and laborious respiration, whether very slow or very quick. 3. Jactitation. 4. Loss of consciousness. 5. Under certain circumstances obstinate vomiting, in combination with collapse from loss of blood. 6. Convulsions. 7. A dilated immobile pupil.

Transfusion is not applicable until the hæmorrhage has ceased.

I should liked to have described Dr. Graily Hewitt's instrument, and the mode of using it, but without an engraving it would be of but little use. Anyone who has studied the operation would, without hesitation, consider it far superior to any of the others which have been previously devised, both in simplicity of construction and of application.

Women, after severe floodings, are very liable to uterine inflammation and disorders proceeding therefrom. The proneness may be attributable to many causes: the free application of cold ; the patient being kept with the lower portion of her body soaking wet for many hours ; the extraction of the adherent placenta by the hand ; offensive discharges arising from the decomposition of small portions of the placenta, membranes, or clots in the uterus ; the severe manipulation of the uterus externally ; and the low state of the patient, which makes her liable to pyæmic diseases. If the uterus is found to remain tender for the first three days after labour, a large linseed meal poultice should then be ordered to be placed over the *whole* surface of the abdomen. The only exception I make to this is when there is a rather free sanguineous discharge. In most cases, after the flooding has been arrested, the sanguineous flow soon ceases, and the lochial discharge comes on unusually early. The poultice should be changed every eight hours. If the discharge is offensive, the vagina must be syringed out once, twice, or three times daily, according to the degree of offensiveness and the amount of discharge. I generally order simple water to be used ; others recommend the addition of balm. In a few cases where the discharge has been unusually offensive, I have added a small quan-

* 'British Medical Journal,' August 29, 1863.

tity of a solution of chlorinated soda to the injection. If the case presents any bad symptoms, the Medical man ought to syringe the vagina out himself, and not leave it to the nurse. In two or three days, unless the case has been treated properly from the commencement, generally symptoms of strong reaction set in. There is great thirst; the mouth is dry and the tongue slightly furred; the patient cannot bear any light or noise; she cannot get any sleep, and if she does, she is troubled with bad dreams and is constantly waking up in a fright; the pulse is quick and jerking; there is great and distressing headache; the patient complains of noises in the head of various kinds. The most common and characteristic sound is that which Dr. Francis Ramsbotham alludes to. The patient likens it to the "thumping of a small hammer within the skull, or the ticking of a clock." In a few cases reaction is so severe that there is delirium present. It is very satisfactory to know that, by proper treatment, most of these annoying symptoms may be entirely avoided, or, at all events, very much mitigated. Hæmorrhagic fever, as it is called, ought to be quite of exceptional occurrence. Part of the treatment I have already mentioned, such as keeping the room quiet and dark, and not allowing the patient to speak, except she wants anything. The baby, if it is cross, should be kept in another room. The following prescription should be made up as soon as possible after the cessation of the flooding, and the patient should at once begin to take two table-spoonfuls every three hours for the first three doses, and then every four hours; and this mixture must be continued for several days, until the chance of the distressing symptoms coming on is past:—

℞ Ammon. carb., grs. xx.;
Æth. chlor., fl. dr. j.;
Liq. opii sed., fl. ds. j.;
M. Aq. ad camph., ℥vj.

If the hæmorrhagic fever should set in, the treatment is the same. No lowering remedies must be used. Some practitioners have mistaken the symptoms for an affection of the brain, and have bled the patient, as if she had not lost already too much. If the headache is very bad, cloths soaked in vinegar-and-water, and applied to the front part of the head, will give great relief. As soon as they begin to get warm, they must be re-moistened.

The diet, after flooding, should consist for the first three or four days of *fluid* and *nourishing* food. I keep a patient, after flooding, for the first few days entirely on *beef-tea* as strong as it can be made, unless she particularly asks for anything else; and afterwards I allow her to have her ordinary diet, of course giving preference to the most digestible meats. If the patient is very thirsty, she may drink simple water, in which a certain quantity of chlorate of potash has been dissolved—a drachm of the salt to a pint of water in twenty-four hours; otherwise she may drink weak port wine-and-water. On the fourth day the bowels may be opened either by castor oil, compound rhubarb pills, or an enema, according to the strength of the patient. An enema is least likely to depress the patient, and, therefore, should be used in the worst cases in preference to purgatives. It is hardly necessary to say that when the bowels are moved the patient must not be allowed to sit up, and a bed-pan must be put under her.

The patient may suckle the infant if she is in not too weak a state, but if subsequently she does not go on satisfactorily, the child had better be weaned. After the fifth or sixth day the following mixture may be administered in the place of the stimulant and sedative medicine:—

℞ Ferri ammonio citrat., gr. xl.;
Æth. chlor., fl. dr. j. ℥xx.;
Aquæ, ℥viij.
M. Cap. coch. ij. mag. quaque quarta hora;

and this should be continued for several weeks.

As soon as the patient is able, she should be sent into the country or to the seaside; and nourishing diet, with a daily allowance of stout, chalybeate medicines, and fresh air, will complete the convalescence. The pallor of countenance remains generally a long time as a painful reminder to the patient and her friends of the nature of the complication which had endangered her life.

HOSPITAL REPORTS.

KING'S COLLEGE.

(Under the care of Mr. WOOD.)

Case of Epithelial Cancer.—G. M., æt. forty-four, admitted into the Victoria Ward on January 20, 1863, suffering from epithelial cancer of the left cheek.

History.—His general health has been bad for some time; he has been in the habit of smoking, and chiefly used a clay pipe. About six months ago a swelling appeared on the inside of the cheek. This soon ulcerated and speedily increased in size, till it attained a diameter of about three inches; an abscess then formed and burst on the outside of the cheek; there was a considerable discharge. The pain having become extreme, the patient consented to an operation, which Mr. Wood performed on Wednesday, Jan. 21.

21st.—The patient placed under the influence of chloroform, Mr. Wood commenced by cutting through the lip at the angle of the mouth and widely excised the disease. There was a good deal of hæmorrhage, and a number of ligatures were required. The margins of the wound were brought together by three hare-lip pins, a gap in the centre being left, which Mr. Wood said would heal up by granulations. An enlarged gland in the submaxillary region was removed.

23rd.—Pulse 104; the wound looks well and discharges healthily; he complains of discharge in the mouth, to correct the fetor of which a chlorinated gargle was used. Water dressing and strapping were employed in the dressing of the wound.

28th.—Mr. Wood to-day removed another portion of the submaxillary gland, which he thought had become hard.

Feb. 2nd.—The wound looks healthy and is granulating rapidly around the margins of the incision. The wound under the chin is discharging freely; ordered to have a small poultice applied to it.

10th.—Both the wounds are closing up rapidly; ordered to be tightly strapped. The discharge continues to be very profuse.

20th.—The lips of the wound in the cheek have now very nearly approximated; the wound under the chin is fast closing, and the discharge is less.

27th.—Discharged.

Case of Varicocele of the Left Side.—C. S., æt. twenty-two, unmarried; by occupation is a salesman in a timber-yard, and at times is obliged to engage in very hard work. He is healthy and temperate; he has been in the habit of self-abuse. Has noticed the enlargement of the veins in the scrotum for about the last fifteen months, but has experienced at no time any very particular pain in the course of the cord or in the testicles. The left testicle is soft and considerably atrophied.

Mr. Wood adopted that method of operating which is done by means of the rectangular needles.

July 25th.—Is doing very well; there is no bad symptom present, nor has any arisen since the operation.

27th.—Needles removed.

August 4th.—Patient discharged, cured.

(Under the care of Mr. SMITH.)

Epithelial Cancer of Lip.—W. P., æt. fifty, was admitted into hospital on January 9th.

In 1847 the patient noticed a hard lump in his lip, which was burnt with caustic and was dissipated for a time. It, however, gradually returned, and in April, 1862, it was removed "by a cutting operation." Again it returned, and was again removed in September, 1862, by Mr. H. Smith. It has again recurred, and the patient was admitted into hospital on the date above mentioned.

His condition on admission was as follows:—On the very border of the cicatrix and towards the right side of the lip is a hard lump, which extends down to the chin; there is another hard growth on the border of an incision made to remove the former growth. With the exception of this affection, he has always enjoyed very good health. He has been in the habit of smoking a short clay pipe.

Jan. 10th.—Brought into the theatre; no chloroform administered. Mr. Smith then made two incisions through

the lip downwards on each side of the growth as far as the chin, removing the entire piece and scraping the bone. One ligature was applied and three hare-lip pins introduced. The growth beneath the chin was also ooped away, and the bone in this place was likewise scraped. The patient bore the operation remarkably well.

12th.—Mr. Smith applied the actual cautery to the wound below the chin.

13th.—Feels low and out of sorts; but in the evening he felt refreshed by a walk he had during the day.

20th.—The wound in the lip is quite healed; that under the chin is granulating healthily. Discharged, cured.

Tumour in the Thigh.—B. S., æt. thirteen, was admitted Jan. 17th as a patient, from a tumour in the thigh.

History.—Four years and a half ago she fell down and hurt her left thigh, after which it became so very painful as to confine her to her bed for six weeks and to require leeching; soon after this she noticed a swelling in the middle of the left thigh, which has been gradually getting larger, but especially during the last six months. The swelling has been mistaken for an abscess, and it had been intended to make an opening so as to allow of the exit of matter.

Present Condition.—There is a deep-seated tumour in the outer part of the left thigh and near its centre; in length it is about five inches, and in width about three; the circumference of the affected thigh is, at its middle, eighteen inches, while that of the sound limb is only sixteen. The margins of the tumour are not well defined, but gradually pass into the surrounding parts; the tumour itself is firm and elastic, and is not painful on pressure. There is no lameness; owing, however, to an aching and sometimes to a shooting pain, she is prevented from walking any very great distance; of late this pain has become aggravated. She is a strong-looking girl, and has always enjoyed pretty good health.

17th.—The patient being under the influence of chloroform, Mr. Henry Smith punctured the tumour, but nothing issued from it. He then made a longitudinal incision over the centre of the tumour, through the integument and the subcutaneous tissue, and then another of equal length through the vastus externus muscle; the tumour was thus exposed and was dissected from its attachments—one of which was by its base—to the great trochanter, from which it was torn away by means of the lion forceps; in the disruption some small pieces of necrosed bone came away, leaving the femur bare for about the length of two inches. Three ligatures were required for the divided branches of the external circumflex artery, and the wound was sewn up by the interrupted suture, strips of plaster being also employed to keep the sides of the wound in apposition; water dressing was then laid over all. Not more than four ounces of blood were lost during the operation. On opening into the tumour some sero-gelatinous fluid escaped, and a cavity was found, the walls of which were of dense fibrous tissue and fully three-quarters of an inch in thickness; filling this cavity there was a quantity of material like the fibrin of the blood. This tumour may be considered to be one of a fibro-cystic nature, and no doubt arose from effusion of blood in consequence of the fall she had sustained four years and a half ago. She perfectly recovered from the effects of the chloroform and the operation, but was in a great deal of pain all the evening, and passed a very restless night, notwithstanding that she had an opiate draught at five P.M. and another at twelve P.M. During the evening she also took some tea and some beef-broth.

18th.—She has been pretty well all the morning and in less pain, and has taken some nourishment. At one P.M. she became delirious and remained so with only slight intervals of consciousness till four P.M., when she became comatose, the right pupil being dilated and the left contracted, the breathing being stertorous. At eleven P.M. she died.

19th.—Post-mortem examination at three P.M. Brain: healthy; scarcely the normal amount of serum in the ventricles; there was no evidence of chloroform in this serum. Stomach: very much distended, though healthy. Lungs: a slight smell of chloroform could be detected from them, but they were quite healthy. Heart: firmly contracted; there was a pale clot in the right ventricle. Liver: fatty. Kidneys: very fatty, and admitting of the capsule being easily peeled off. There was no blood in the wound in the thigh, nor, indeed, anything to be discovered that could account for death.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. SOLLY contributes a clinical lecture "On Scriveners' Palsy, or the Paralysis of Writers." This is a rare affection, although a great number of persons in London, who gain their bread by writing, are liable to it. It is, of course, more common in the male sex, but Mr. Solly knew of the case of a lady who suffered from the affection. It presents some symptoms which might induce the practitioner to attribute it to an incipient disease of the brain, but it really only affects the muscles concerned in writing. Mr. Solly relates some cases of this affection, two of which occurred in bankers' clerks, and both resisted treatment, the patients being obliged to discontinue the use of the pen. In another case, which was that of a gentleman who had resided in the East, and who was engaged very much in official and private writing, the result was a complete recovery.——Dr. HYDE SALTER continues his contributions to the "Pathology and Treatment of Asthma," and his present paper is on "Uterine Asthma," by which term he designates a form of the disease associated with uterine symptoms. He classifies his cases of this nature under four heads: 1. As they observe a monthly periodicity and are worse at the menstrual periods. 2. As they are produced by parturition and occur at no other time. 3. As they cease at the commencement of child-bearing; and 4. As they commence at and are co-existent with pregnancy, and cease immediately on delivery. A few interesting cases are related in illustration of these forms of asthma.——Mr. G. G. GASCOYEN continues his papers "On the Unity of the Syphilitic Virus," and maintains the unity of the syphilitic poison, relying on analogy, experiment, and clinical observation in support of the old doctrine. After comparing syphilitic inoculation with that of vaccinia, and showing that in both cases the results are in great measure determined by modifying circumstances, as the constitution of the patient and the period at which the virus is employed, Mr. Gascoyen arrives at the conclusion "that the indurated chancre is not a primary affection; that it is not a distinct variety of sore derived from its own special virus, as has been claimed for it of late; and that, when the induration is fully established, it is not capable of propagating itself, whether by artificial or physiological inoculation, but on the contrary, that the induration is really the commencement of the secondary manifestations of syphilis, the certain index of constitutional infection, removing therefore the ulcer, which is accompanied by this characteristic symptom, from the list of *primary* venereal diseases."——Mr. ROBERT ELLIS contributes a paper "On the Radical Cure of Prolapsus Uteri." He asks the question whether this malposition admits of a radical cure, and he answers in the

affirmative. The disease is so common, is generally attended with so little pain and inconvenience, and is so readily relieved, at least temporarily, by the use of a pessary, that few women are willing to seek for surgical aid. Mr. Ellis thinks that by plastic operations it is in the power of the surgeon, having replaced the uterus, to retain it *in situ* and thus to dispense altogether with the use of pessaries. The mode of performing the operation is not indicated in the present paper, which appear to be the first of a series.

THE 'MEDICAL TIMES AND GAZETTE.'

DR. HARLEY continues his course of lectures "On the Urine and Diseases of the Urinary Organs;" Xanthin, as a urinary deposit and as calculi, being considered. This substance was first discovered in a calculus by Marcet (senior), and since then has been only twice mentioned as occurring in the same condition. It is white, beeswax-like, non-crystalline, slightly soluble in hot and insoluble in cold water; contains no sulphur and but a small quantity of nitrogen; soluble in ammonia and in caustic potash, from which it is precipitated by acids; is found in the healthy tissues, and is an intermediate metamorphosis of protein substances; can be prepared from guanin, with which it is closely allied; it is to be found in the healthy urine. Rarely it is met with as a urinary sediment; still more rarely as a urinary calculus. On burning it, it becomes charred, no flame nor any disagreeable odour being given out, and it may be dissipate dwithout leaving any perceptible residue. "Leucin, and its Clinical Significance," are subjects next passed in review. Leucine is white, has neither taste nor smell, is not capable of crystallisation, and resembles an organic fat, from which, however, in its chemical reactions it differs materially, being very soluble in water, sparingly so in alcohol, and totally insoluble in ether. In strong acids and in alkalies, it is soluble; it may be prepared from any protein substance by decomposing this latter with acids or alkalies, or by a fermentative process; it is readily oxidised, and is then changed into ammonia, water, and carbonic acid. The best chemical test is nitric acid. The microscope shows its particles as being somewhat like circular oil-discs; these float in water. Leucine is always deeply coloured with whatever colouring matter may at the time of its presence happen to prevail in the urine; thus, in jaundice, it is tinged with dark yellow. It is a normal product, but of what exact nature is not yet clearly defined. In acute atrophy of the liver, it is abundantly present in the urine; in typhus associated with jaundice, and in small-pox, it is likewise to be found. The liver is probably the organ which excretes it in largest quantity.——Mr. LAURENCE also continues his paper "On the Optical Defects of the Eye." In it is given an account of Asthenopia. The causes assigned for this condition of light are:—1st. Optical defects of the eye. 2nd. Deficient power of the internal recti-muscles. 3rd. Hyperæsthesia of the retina. Deputy Inspector-General HARE concludes his original communication "On the Treatment of Malarious Fever."

'THE JOURNAL OF MENTAL SCIENCE.' Published by Authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by C. L. ROBERTSON, M.D. Cantab,. and HENRY MAUDSLEY, M.D. Lond. October, 1864.

The number opens with a lecture by Dr. W. A. F. BROWNE, Commissioner in Lunacy for Scotland, "On the Moral Treatment of the Insane," and the lecturer commences by contrasting the condition of the insane under the old system of coercion and punishment with the more enlightened plan of treatment which now prevails. Dr. Browne then proceeds to review the different moral methods of treating insanity, and deprecates the idea of any uniform plan being adopted, because the peculiarities of each case should be studied, and appropriate amusements or exercises recommended. For this reason, the aggregation of enormous numbers of lunatics under one building, and under one or two Medical superintendents, is considered objectionable; and the palatial mode of building pauper asylums is condemned, as being inconsistent with the former mode of living of the inmates. While admitting that medication by drugs is of very limited use in the treatment of insanity, Dr. Browne thinks that the superintendent of a lunatic asylum should be a Medical man, able to study all the features of each case placed under his care, and ready to adopt appropriate moral treatment.——M. MOREL communicates a paper "On the Present State and Future Prospects of Psychological Medicine," read by him at the late Annual Meeting of the Association of Medical Officers of Asylums. It was delivered in English; and one of the principal subjects considered is the colonisation system for the insane. M. Morel, while admitting that the erection of enormous asylums is in some respects objectionable in treating insanity, does not concur in the opinion that the colonisation or family treatment of such patients is in all cases advisable.——Mr. E. TOLLER offers some suggestions for a Cottage Asylum, his attention having been directed to the subject by observing, soon after his appointment as Medical Superintendent of the Gloucester Lunatic Asylum, that the institution was in a crowded condition, and that many of the chronic and harmless cases might be accommodated in cottages, if they were provided. Mr. Toller appends a plan illustrative of the construction of the building he recommends.——Dr. LAYCOCK, of the University of Edinburgh, contributes a lecture delivered to his class of Medical Psychology "On the Legal Doctrines of the Responsibility of the Insane and its Consequences." In this lecture, he refers particularly to some cases which have lately occurred in the criminal law, showing the inconsistent and contradictory principles on which judicial dicta are often founded, and he points out that many homicidal lunatics are now being hanged, while other lunatics, who have committed similar crimes, are acquitted on the ground of insanity. Dr. Laycock believes that thousands of persons are now shut up for life in large lunatic asylums, who might be advantageously placed in private families and in cottage homes; while, on the other hand, homicidal and dangerous lunatics are allowed to go loose into society, and to commit crime, because they do not show the popular signs of insanity. "As the worst and most dangerous kind of criminal lunatic," says Dr. Laycock, "offers in the early stages none of the symptoms of popular or legal lunacy, he is, of necessity, left uncertified, and wanders abroad in society, free to commit the vices and crimes to which his insane nature impels him, until, with increase of his malady, he finds his way to an asylum, or a workhouse, or a gaol, or the hulks, or the gallows, according to the character of his insanity."

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, December 13.

Richard Partridge, Esq., F.R.S., President.

Dr. Isaac Pidduck read a paper on

THE CAUSES AND PREVENTION OF INFANT MORTALITY.

The design of this paper is to designate the causes of excessive infant mortality with a view to its prevention. These causes may be regarded in a twofold aspect—the hygienic and the Medical. Under the former are comprised all that relates to the health of infants; under the latter, everything that pertains to the health of the parents. It was to the last two points that the attention of the Society was more especially invited, since it has not hitherto received that anxious consideration which its infinite importance demands. This is the standpoint upon which the whole question rests. Statistics reveal the appalling fact that more than one-half of the children born die within five years of their birth. But this only comprises children born at the full term; it does not include miscarriages, still-born infants, and those who die immediately after birth; not to mention numerous cases of infanticide, whose deaths are not registered; if these were added, it is obvious that the death-rate would be very much higher. The preventible causes which produce this alarming result are comprised under the following heads:—1. Sexual excesses. 2. Syphilitic diseases. 3. Excessive indulgence in tobacco-smoking, snuff-taking, and chewing, and of spirit-drinking. 4. Unhealthy occupations, such as mining and metallurgic operations. These principally pertain to the fathers: those which more especially belong to mothers are—1. Indulgence in idle, luxurious habits. 2. Sedentary occupations, factory and agricultural labour. 3. Deficient nutriment, the want of which is too often supplied by excessive tea-drinking, if not by stimulants of a more pernicious kind. Mental distress arising from domestic troubles and from the loss of children. And lastly, as a consequence, debility occasioned by hæmorrhage and leucorrhœal uterine and vaginal discharges, especially during utero-gestation. It is by the combined operation of these causes that the health and vigour of the parents is undermined, which tends to the production of a puny, non-viable offspring. These are *fons et origo malorum*. The proximate causes of infant mortality are as various as the diseases to which they are liable, and as such they are registered; but the remote, which are the true causes, are the enfeebled constitution of the parents. A brief statement of a few out of the many cases presented at the Bloomsbury Dispensary follows, in which one child after another, in some as many as five out of six, in others all the children, have died in infancy. In all these cases the cause is clearly traceable to the habits and health of the parents, and for the most part is preventible. The question arises—To what state of infantile constitution does the action of the remote causes give rise? It may be answered in one word—*tuberculosis*. The symptoms of tuberculosis, being a *blood* disease, may be manifested in all the tissues of which the body is composed; in short, there is scarcely a disease which is fatal in infancy and childhood that may not be referred to some form of tuberculosis, and that this is in the great majority of instances congenital, post-mortem investigations of infants clearly demonstrate. In the temperance movement it was long before people could be made to believe that intemperance is destructive of health and real enjoyment of life; but by reiterated statements of facts and reasoning upon them a deep impression has been made, and habits of intemperance amongst respectable classes have been considerably diminished. So in this case, by a repetition of the causes producing such excessive infantile mortality, an impression may be made upon the minds of parents favourable to the health and longevity of their offspring. To this end would be conducive early marriages, the marriage of our sailors and soldiers, extending to children the motives for temperance in parents and newly-married couples; the duty of capitalists to promote the health of their labourers by every means in their power; and lastly, subjecting mothers who are suffering under exhausting discharges during utero-gestation to a course of treatment directed to their cure.

Dr. Webster said that he agreed with the author in attaching importance to the condition of parents before the birth of the children, but he thought the author had not paid enough attention to the circumstances of the children after birth. The practice of feeding children artificially he felt certain was one great cause of infant mortality. Nearly fifty per cent. of children under five years of age die from want of breast-milk in London. He thought also that improper clothing tended greatly to increase the mortality, and related an instance in which a child was much exposed to cold in a perambulator, being dressed in crinoline, his legs being bare and blue. Dr. Webster said that fortunately there were no Foundling Hospitals in this country. Children left at Foundling Hospitals often died in a few hours. In the Foundling Hospital at Oporto nearly seventy per cent. died in one year. The largest Foundling Hospital in the world was at Moscow. Since that hospital was founded there had been half a million entries, and lately twelve thousand annually. The mortality in this institution was, Dr. Webster said, dreadful. He then remarked that, contrary to what was generally supposed, the mortality of infants in London was less than in the provinces. It was forty per cent., but in the whole of England forty-five per cent. In manufacturing towns it was fifty. On the Continent it was worse, and in New York worst of all—viz., fifty-nine per cent. In Russia, on account of the severity of the climate, it was very large. During the winter in Russia children are not allowed to go out at all, and this long confinement no doubt tended to increase the mortality. Dr. Webster thought the influence of tobacco-smoking in the parents ought to be taken into account, but he believed its pernicious influence was chiefly manifested in preventing procreation. He thought with the author that the use of spirits by the parents was very pernicious, but spirits were often also given to children, as they frequently were, Dr. Webster said, in Scotland. Again, it was often remarked in that country that the first-born was deficient in mind and body, and this was ascribed to the circumstance that the bridegroom was generally drunk on his wedding-night.

Dr. Greenhow said he could not help thinking that the author had gone rather wide of the mark. All would allow that unhealthy parents would have unhealthy offspring, and all would admit the bad influence of unhealthy habits on the offspring. Yet there are other causes of far greater moment in manufacturing towns. He (Dr. Greenhow) thought that Dr. Webster had hit on the chief thing when he spoke of infant feeding. Then as to occupation. No doubt it had an influence, but not in the way the author imagined. The author had instanced mining as an occupation likely to increase mortality in children. Now, having been one of a Royal Commission to inquire into the health of miners, he (Dr. Greenhow) could say with confidence that the wives and children of miners were remarkably healthy. He believed the real and great cause of excessive infantile mortality in manufacturing towns was the employment of women in factories. They kept at work nearly up to the time of their confinement, and went to it again soon after. Thus, their children were improperly fed, and besides were drugged. One druggist in a manufacturing town stated that he sold four hundred gallons of laudanum yearly, and that most of it was given to children. The sale of Godfrey's cordial also was immense. There were the same results in those agricultural districts where women were employed in out-door work.

Dr. Thomas Ballard said that he was much interested in the question of infantile mortality, and thought the author had not rightly estimated its causes. He thought the author was in error in saying that one-half the children under five years old die; it was only one in four. He thought, too, that the author attributed too much to causes

operating before births. He (Dr. Ballard) believed the chief source of danger to life in infancy was the traditional error in the nursery that the child's bowels should be kept in a state of looseness. Everything in the way of treatment seemed to resolve itself into mercurial purgatives, under such names as teething and cooling p wders. He held that if a child was brought up without any abdominal disorder it was likely to thrive.

Dr. MERRIMAN said that no one had spoken on the way in which food ought to be given. It was generally given too thick, and if a child had food too thick purges must be administered. If, on the contrary, the child were allowed to suck, purgatives would not be reqnired.

Dr. GRAILY HEWITT added his testimony to that of other observers as to the relative importance of what occurred after birth. He attached the greatest importance to breast milk during the first few weeks, but less afterwards. The importance of breast milk was well illustrated by a case he had recently seen. A woman brought to him her fourteenth child—puny, jaundiced. All the others had died in infancy, She had never been able to suckle one of them. He thought also that the author took too hopeless a view of the curability of tuberculosis. He (Dr. Hewitt) had seen cases get well.

The AUTHOR said that his attention was directed to the subject of his paper forty-eight years ago. He was then told that the children of mothers who had had leucorrhœa and other vaginal discharges were subject to hydrocephalus, and he still believed this had a great influence. He agreed that great attention should be paid to the circumstances of the children after birth, but he thought we ought to begin with the parents. If children were born with a low vital capacity they would be more liable to suffer from unfavourable circumstances after birth.

Mr. JOHN MORGAN read a

CASE OF ULCER OF THE LOWER PORTION OF THE ILEUM, COMMUNICATING WITH THE BLADDER.

A gentleman, aged sixty, having been much in tropical climates, but without having had severe dysentery, in March, 1862, first complained of a fulness in the left groin, which, though undefined for some weeks, increased in the following six months to a considerable size. It was attached posteriorly, painful on handling, and seemed to interfere with the functions of the bowels, which, from having been generally relaxed, became unusually torpid. In April, 1863, he began to pass fæces by the urethra, at first slight in quantity, but soon the whole intestinal contents were discharged through this channel. Under the pain and irritation thereby produced, the health soon gave way, and he died six months after the first appearance of fæces in the urine. A post-mortem examination showed that the tumour had quite disappeared. On opening the abdomen the ileum was found dilated into a large pouch, for an extent of five or six inches, when within a short distance of its junction with the colon. The coats of the intestine were attached firmly to the inner wall of the abdomen and also to the bladder, and an ulcer, the size of a sixpence, was found opening directly into the bladder, at the fundus of this organ. No other spot of ulceration was observed in any other portion of the intestine.

Mr. MOORE had seen one case somewhat like that related by the author, but the excreta took the opposite course. The bladder was hypertrophied, and very little fæces passed by the urethra, but were returned into the bowel. In this case, too, life was more prolonged, and the patient ultimately died of red softening of the hemispheres of the brain. There was greater suffering than occurred in any form of disease except cancer.

Dr. JOHN CLARKE said that the reading of the paper reminded him of two cases, in one of which there were adhesions of the descending colon and bladder, but no opening in the bladder. Death took place from peritonitis, and at the autopsy the walls betwixt the colon and bladder were found to be as thin as tissue paper.

Mr. CURLING said the case related by Dr. Clarke differed from the one related by the Author, as in such a case had perforations actually occurred relief might have been afforded by opening the colon in the loin.

PARISIAN MEDICAL NEWS.

PREPARATIONS OF NARCEIA.

M. Cl. Bernard has shown that narceia is one of the most important ingredients of opium, and he stated, in his communication to the Academy of Sciences, that MM. Debout and Béhier had tested its efficacy in the human subject.

M. Debout took it himself in the shape of a syrup, prepared as follows:—Narceiæ, gr. iv.; syrupi, ℥x.; acidi acetici, q. s. The narceia is dissolved in a few drops of the acetic acid, and each table-spoonful of the syrup contains about one-sixth of a grain of the alkaloid. M. Debout began with one table-spoonful and gradually increased the quantity to three and a half table-spoonfuls, morning and evening. At this dose the sedative and hypnotic properties of the drug are much more marked than those of morphia or codeia, and induce sound sleep, unattended with dreams, and no headache is experienced on awaking.

M. Béhier exhibited narceia, at La Pitié, to fourteen patients, twelve of whom were affected with tuberculosis and two with chronic diarrhœa. In twelve cases the medicine was given in pills, and was twice administered in hypodermic injections; the solution was injected in drops and contained equal proportions of water and of the active ingredient. Each pill contained one-sixth of a grain of narceia. At first three pills were prescribed every night at intervals of two hours, but the dose was gradually increased to fifteen and even twenty pills. The remedy promptly checked diarrhœa and allayed the cough and expectoration. M. Béhier opines that narceia is, in every respect, a more convenient remedy than morphia; it causes neither headache nor constipation, but when exhibited in doses exceeding one grain, slightly interferes with the excretion of the urine. This disadvantage, also observed by M. Debout, would appear referable to circumstances which this gentleman expects he will soon be able to counteract.

TREATMENT OF ASTHMA.

Botanists have failed in acclimatizing in Europe the *Lobelia inflata*, a common weed in the United States, and M. Favrot recommends the use of the tincture made as follows with the American leaves:—

Macerate ℥iv. of *lobelia* for a fortnight in *alcohol* ℥xxx.; drain off and filter the solution. The dose is half a teaspoonful daily in a four-ounce mixture, in the early stage of the paroxysms of spasmodic asthma. M. Barallier has also prescribed this preparation in pulmonary consumption for the purpose of allaying dyspnœa, and he remarks, that the results were invariably satisfactory, except when pulmonary emphysema existed as a complication.

The fumes of unsized and nitrated paper have also been often found useful in asthma. But certain particles of the paper escape combustion and induce cough and sneezing, and M. Guyot-Dennecy proposes as a substitute, in the 'Journal de Médecine de Bordeaux,' the fresh leaves of the white mullen, of digitalis, of borrago, or of comfrey, which are wide and tomentous, after twenty-four hours' maceration in a solution containing one-tenth of their weight of nitrate of potash. When the leaves have been dried in an oven, they burn without evolving any pyrogenic fumes or any vapour calculated to cause inconvenience.—'Journal of Practical Medicine and Surgery.'

FRENCH REGARD FOR POLAND.—The Minister of Public Instruction has just made known to the rectors of the different faculties of the kingdom that by the Emperor's wish Polish students should be admitted to all lectures without fees.

UNIVERSITY OF LONDON.—The following is a list of gentlemen who passed the late M.D. Examination:—John Wale Hicks, B.A., B.Sc., St. Thomas's Hospital; James Usher Huxley, King's College; Henry Thomas Lanchester, St. Bartholomew's Hospital; John Nicholas Miller, University College; Walter Moxon, Guy's Hospital; Philip Henry Pye-Smith, B.A. (Gold Medal), Guy's Hospital; Thomas Stevenson, Guy's Hospital.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 28, 1864.

THE MEDICAL COUNCIL AND THE AMENDMENT OF THE MEDICAL ACT.

The Branch Medical Council for England met on Friday last, and that for Scotland met on the same day. At the meeting of the Branch Medical Council for England, although for technical reasons no specific resolution was passed, the subject of the proposed amendment of the Medical Act was fully considered. We have much pleasure in announcing that the most cordial unanimity exists among the members of all the branches as to the necessity of amending the Medical Act, more particularly in relation to the 40th clause; and whatever differences of opinion may have formerly existed, they are now reconciled. We believe that it is intended to take immediate steps in the forthcoming Session of Parliament to procure such an alteration in the existing Act as will render any assumption of Medical titles on the part of unregistered and unqualified persons punishable by law. The resolutions already passed by the Branch Council for Ireland, which we noticed last week, are substantially the same as those which will be submitted to Parliament. In pursuing their present course, the Medical Council deserve, and will no doubt receive, the general support of the Profession, who are deeply interested in the present movement, which, while not aiming at the impossible object of suppressing quackery, is intended to effect the separation of the quacks from the Medical Profession by such a distinct line of demarcation, that the public can no longer be deceived as to who are the true men and who are the rogues.

A RETROSPECT OF THE YEAR 1864.

At the termination of the year it is an interesting and not an unprofitable task to cast a glance backwards, and to consider the past course of events, wherever they deserve notice either as an encouragement or as a warning for the future. The year just elapsed, although it presents no very remarkable features to the practitioner of Medicine, is by no means barren of incidents which are of more or less importance to the advancement of our art or the maintenance of our social position.

From the great Parliament of the nation we have never, as a Profession, received much consideration, owing, no doubt, mainly to the fact that we have never had any efficient representation in that assembly. The House of Lords, it must be said with regret, reckons among its members many of the most prominent votaries of quackery, and scarcely any who vindicate or defend the legitimate interests of Medicine: while the House of Commons also abounds in the quack-patronizing element, and gives but a feeble and unwilling support to measures calculated to advance the dignity or respectability of our Profession. The Parliamentary Session of 1864 forms hardly an exception to the general rule, for scarcely a measure was passed or a discussion entertained which had any important bearing on the Art or Practice of Medicine. The slight boon accorded to Mr Griffin, on behalf of the Poor-law Medical Officers, was the recommendation to the Poor-law Guardians to supply the more expensive kinds of drugs at the expense of the ratepayers, which recommendation, by the way, has, we believe, not yet been adopted. The Army and Navy Medical Service have uttered their complaints in vain, and their grievances are still unredressed, although it would be uncandid on our part not to admit that the Indian Medical Service has, indirectly, benefited from a discussion in the House of Commons towards the close of last Session; and that Sir Charles Wood has accorded to this portion of our Professional brethren a measure of justice and liberality for which, whether it has been extorted from him by pressure or granted from better motives, we have equally cause to be grateful.

Turning from the Parliament of the nation to what may be called our own Parliament, namely, the Medical Council, the retrospect of the past year, although not very brilliant or encouraging, is not altogether unsatisfactory or unproductive of good results. There seems to be, amidst much useless talk and the advocacy of special interests, a straining after the attainment of some solid good, and the very opposition and clashing of personal objects and feelings may, perhaps, eventuate in the adoption of measures for the general benefit. By the plan of registration, and one or two successful appeals to the Court of Queen's Bench, some of the black sheep have been eliminated from our fold, and other delinquents may, possibly, share the same fate when the powers of the Act are better understood, and its provisions put in force with more vigour. The compulsory regulations relating to preliminary education, although not yet adopted in Scotland, have come into active operation in this country, at least in the Metropolis, and the result has been that, while the number of Medical students has been somewhat diminished, in consequence of the weeding out of many who are unfit to enter the Profession, the quality of those commencing their studies has very much improved, and we may entertain the most satisfactory expectations of the class of young men who are now aspiring to join our ranks.

The British Pharmacopœia, on which the Medical Council has been engaged ever since the passing of the Medical Act, at last made its appearance in the early part of the year just passing away. We ourselves never formed any extravagant anticipations of this long-expected volume, and on its publication we bestowed upon it no eulogistic rhapsodies; but, on the other hand, knowing the difficulties which must have been encountered by its compilers, we refused to join in the shout of censure and depreciation which succeeded its first eager and enthusiastic reception. That we were not ignorant or unmindful of its defects is sufficiently proved by the numerous articles we have published on its contents, which articles have, we believe, done very much in familiarizing the Medical pub-

lic with the features of the new Pharmacopœia, and with the alterations which have been made as compared with former books of the same nature. If those who indulged in unmeasured detraction of the book had taken the same pains as ourselves to master its contents, they would, probably, have come to the same conclusions as we did, namely, that, considering the difficulties of the work, and the urgent necessity for its accomplishment, the British Pharmacopœia is a great improvement on all its predecessors, and that it is the duty of all Medical practitioners to unite in endeavouring to adapt their prescriptions and formulæ to the arrangements it sets forth. Notwithstanding the attacks made upon it, the British Pharmacopœia has stood its ground, as we predicted that it would, and no intention exists of recalling the present edition or of substituting a second, until the period has arrived when the existing volume requires revision in the ordinary course. At the same time we wish to guard our readers against the supposition that we regard the book in any other light than as an attempt to harmonize pre-existing pharmacopœias, and to place the art and principles of British pharmacy on a satisfactory and uniform basis.

Thanks to the extensive adoption of sanitary measures, or to the peculiar, though mysterious, operation of meteorological laws, we have been visited but little in Great Britain by epidemic scourges during the past year. Scarlet fever has, indeed, been prevalent in certain localities, and in some instances has shown itself in its most destructive aspects: and small-pox, although much mitigated in its severity, has developed itself in a sporadic form, as if to indicate that its virulence has not yet worn itself out, and to rouse the dormant vigilance of those who have the power to abolish this pestilence altogether by enacting suitable laws in relation to vaccination. In reference to meteorology in connexion with the prevalence of ordinary disease, it is worthy of notice that, although the past summer was an unusually fine and dry one, the ratio of sickness and mortality was above the average, thus showing that, in all probability, the seeds of disease are neutralized by a moist condition of the atmosphere, but roused into fatal activity under the opposite condition.

Turning from the contemplation of physical to that of moral disease, we remark, that a blow, though not yet a severe one, has been struck against that fearful system of indecent quackery and its associated iniquities of plunder and extortion which have too long disgraced our age and country. The detection, exposure, and punishment of two disreputable, but by no means leading members of the infamous gang of obscene quacks, was brought about, not by virtue of any laws relating to the Medical Profession, but by the ordinary laws of the country, set in motion by a victim who had been plundered of considerable sums, and threatened with exposure if he did not contribute more. Some previous attempts, made to punish the obscure quack fraternity, by the operation of the Medical Act, had entirely failed, owing partly to the incompetence of those who took the matter in hand, though we doubt very much whether the results would have been different, however skilfully the prosecution might have been conducted. At present, all we can say on the subject is, that although two insignificant quacks of the indecent advertising school have been sent to the treadmill, the system of indecent quackery, allied as it always is with extortion and robbery, flourishes as vigorously as ever. As we write with a daily newspaper before us (and most of the cheap papers are equally culpable), we find the advertising columns profusely seasoned with the prurient announcements made by the quacks to allure their victims; and so long as newspapers lend themselves to this vile purpose, so long will the infamous trade flourish among us.

The grim destroyer, Death, has this year been less busy than usual with our ranks, at least in our own country, but the casualties of war and the virulence of epidemic disease in some of our colonial possessions have swept off some of our brethren in the military service, and have shown that they, as well as the so-called combatant officers, are alike exposed to the perils of military life. At home, some of our body have been gathered to their fathers at a ripe old age; others, like Professor Miller, of Edinburgh, have been struck down in the midst of their career; and others, like the lamented Mr. Price, of King's College Hospital, and Dr. Kirkes, of St. Bartholomew's, have been swept off almost before they arrived at the full maturity of their powers, and before they were able to gather even a portion of the harvest which they might expect to reap from their labours.

For ourselves, in closing our editorial labours for the year, we have little to say, except to state that every promise we made at the commencement of the year has been by us faithfully and punctually performed. We look back upon the pages of the MEDICAL CIRCULAR for the year 1864 with a feeling of satisfaction, unmixed with any regret, except that the imperfection of human powers has prevented our accomplishment of all that we might have hoped or intended. In wishing our readers a happy New Year, we feel that we deserve their good wishes in return, as our objects, kept steadily in view, have been to advance, as far as lay in our power, the interests of Medical Science, and to uphold the dignity and honour of our Profession.

LEGAL INTELLIGENCE.

NORTHERN CIRCUIT.—LIVERPOOL, DEC. 23.
(*Before Mr. Justice* BLACKBURN *and a Special Jury.*)

PRYCE AND WIFE *v.* BOWEN.

This action was for negligence by a Medical man in the treatment of a broken arm.

Essex Bowen, the defendant, was the first witness called for the defence, and proved as follows:—I am a Fellow of the Royal College of Surgeons, and a Doctor of Medicine of St. Andrews. I had considerable experience in St. Thomas's Hospital. I was assistant-surgeon to the Royal Artillery, and served in the Crimea during the whole war. I received a Crimean war-medal with two clasps, and also a Sardinian war-medal. I have been hon. surgeon to Chester Infirmary, and am at present surgeon to Birkenhead Hospital. The witness then stated that he was called in to see Mrs. Pryce on the 16th of December, 1863; and minutely described the mode in which he had treated her. He said, that though a simple fracture it was a severe and

loose fracture. He denied having placed his hand in a "prone" position; he placed it in a "semi-prone" position —*i.e.*, with the thumb upwards. He attributed the present want of power to rotate the arm in part to the glueing together of the bones.

Edwin Robert Bickerstaff, honorary surgeon to the Liverpool Infirmary, said that Mr. Bowen's treatment, as described by him, was a correct and proper mode of proceeding. He would have done the same. He said he had lately examined the arm. The bones were not united or glued together, though they were certainly united by intermediate tissue in a manner not natural. He attributed this to the severe inflammation that the arm had undergone. This witness explained what had previously been a difficulty in the case. He said that when a broken arm was set, it was not uncommon to raise the arm to a level with the shoulder for that purpose; the arm should then be properly in a prone position, but when lowered to the side of the patient it would be in a semi-prone position.

James Long, hon. surgeon to the Liverpool Infirmary, and James Hakes, hon. surgeon to the Northern Hospital, were next called, and stated that they agreed with the opinions expressed by Mr. Bickerstaff.

John Flynn South stated that he had been for thirty years surgeon to St. Thomas's Hospital, and had also been Professor of Surgery to the Royal College of Surgery; that he was a member of the Council and Board of Examiners, and had been twice President of the College. He was present at the defendant's examination for the fellowship; he had passed a remarkably good examination. He agreed that Mr. Bowen's treatment, as described by him, was perfectly proper. He had examined the arm, and he described the condition in which he had found it. The bones were not united; that is to say, there was no bone union. He had himself been able to move them slightly. He attributed the present state of the arm to sloughing, which was not due to the defendant's treatment at all. He thought Mrs. Pryce might easily be mistaken as to the position of the arm.

His Lordship, in addressing the jury, said all that a professional man undertakes to do is to take reasonable care and to exercise reasonable skill. In this case there could be no imputation of a want of careful attendance, but the question was, had he used reasonable skill? That he had skill seemed plain, and why he should not use it did not appear.

The jury almost immediately returned a verdict for the defendant.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 15th inst.:—William Clement Daniel, Heath House, Commercial-road; Charles William Dawson, York; Warren Edger, Kirkby-Stephen, Westmoreland; Edward Cresswell Haden, Dudley; George Jackson, Plymouth.

The following gentlemen also on the same day passed their first examination:—Chaston Benjamin Gowing, Guy's Hospital; Henry Wm. Alex. Mackinnon, King's College Hospital; John Raby, St. Thomas's Hospital; Robert Gear Roper, St. Bartholomew's Hospital; Joseph William Smith, King's College Hospital; Frederick Henry Ward, St. Thomas's Hospital.

UNIVERSITY OF LONDON.—SECOND M. B. EXAMINATION, 1864: EXAMINATION FOR HONOURS.—*Medicine:* First Class, Putnemon Best (scholarship and gold medal), University College; Thomas Fairbank (gold medal), St. Bartholomew's Hospital, ; Edward Lloyd Harries Fox, University College; Charles Albert Hingston, St, Bartholomew's Hospital, and Henry Law Kempthorne, King's College, equal. Second Class, William Carter, Charing-cross and St Thomas's; Edward Casey, King's College; John Harward Hooper, St. Thomas's Hospital; and Frederick Simms, King's College, all equal. Third Class, John Albert Nunneley, Leeds and Guy's Hospital; Ebenezer Ludlow, St. Bartholomew's Hospital.

Midwifery: First Class, E. L. H. Fox (scholarship and gold medal), University College; John Jones Phillips (gold medal), Guy's Hospital; Thomas Fairbank, St Bartholomew's Hospital. Second Class, Henry Law Kempthorne, King's College; Charles Albert Hingston, St. Bartholomew's Hospital; Edward Casey, King's College; William Carter, Charing-cross and St. Thomas's; John Harward Hooper, St. Thomas's Hospital. Third Class, Ebenezer Ludlow, St. Bartholomew's Hospital; John Albert Nunneley, Leeds and Guy's Hospital.

Forensic Medicine: First Class, Edw. Ll. H. Fox (scholarship and gold medal), University College; Thomas Fairbank (gold medal), St. Bartholomew's Hospital; William Carter, Charing-cross and St Thomas's. Second Class, Edward Casey, King's College; Henry Law Kempthorne, King's College. Third Class, Frederick Symms, King's College; Charles Albert Hingston, St. Bartholomew's Hospital Ebenezer Ludlow, St. Bartholomew's Hospital.

MEMORIAL TO THE LATE DR. KIRKES.—On Saturday week, a meeting was held in the College Hall of St. Bartholomew Hospital, when it was unanimously resolved that a public subscription be raised among the friends and former pupils of the late Dr. Kirkes, to provide some fitting memorial of his excellence. It was agreed that this memorial be a gold medal, to be given yearly to the student who shall pass the best examination in the diagnosis and treatment of Medical cases in the wards of the hospital. Dr. Andrew kindly consented to act as Treasurer, and to receive subscriptions, which may be sent to him at the College of St. Bartholomew's Hospital, or to Mr. Callender or Mr. Maberly, also at St. Bartholomew's Hospital.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—This Society has received a handsome present of £150 from Mrs. Penn, at the hands of W. Owen Lucas, Esq., of Taunton-place, Regent's-park. We learn that this Society has just ordered the payment to fifty-two widows and twenty-one children of its deceased members their half-yearly grants, amounting to £1,100, the largest sum it has ever reached.

NORTH STAFFORDSHIRE INFIRMARY.—A movement is in progress for the decoration of the walls of this institution with a selection of interesting pictures. Many of the friends of the infirmary have contributed towards the project, and it is expected that this desirable object will be immediately carried out.

A TESTIMONIAL, in the shape of a very handsome claret jug and fish knife and fork, was presented to Dr. Odling, at the International Hotel, London-bridge, on the 30th ultimo, by the students of Guy's Hospital, as an expression of their high appreciation of his services as Professor of Practical Chemistry for many years, and to commemorate the good feeling which existed between him and them on their separation.

JUNIOR MEDICAL SOCIETY OF LONDON, DEC. 14TH.—Mr. Sutcliffe (Charing-cross Hospital) read a paper on the "Division of the Ciliary Muscle." After discussing the relative merits of this operation and that of iridectomy, he pointed out the advantages of the former on account of its simplicity; that the arteries are not wounded to such an extent, and consequently the escape of blood into the anterior chamber is not so great; also, that it does not disfigure the eye at all. Mr. Sutcliffe related cases in which sight had been lost for some time, and in consequence of the great pain the operation was performed for the purpose of affording relief; in most of these the vision was partially restored, and in one case of severe glaucoma, in which the sight was entirely lost, it was completely restored by the operation. A long discussion followed, in which Messrs. Freeman, Howse, White, Travers, &c., took part; after which the members retired to the board room, in which Mr. Steward, of the Strand, had arranged some very good microscopes and objects interesting to Medical students. Mr. O. W. Berry was in the chair.

MEDICAL RETIRING ANNUITIES.—The six annuities granted by the Bengal Annuity Fund to Medical officers retiring from the service have been granted to the following

gentlemen :—Drs. John McClelland, Dickson, G. Paton, A. McCrae, W. Pitt, and W. Martin.

CHLOROFORM IN AMERICA.—The latest details of cases and statistics (those from America, 1862) prove incontestably the safety of a simple handkerchief. This is stated to show that we must look in some other direction for the cause of accidents, as they are, unfortunately, just as frequent with inhalers as without. In this memoir, read by the leading obstetric professor in America to the Academy of Medicine at New York, the superiority, and possibly the safety of chloroform, as compared to ether, was admitted, even in general practice. The true value of ether, I now believe, is as an anæsthetic in reserve ; to be given alternately with chloroform, if the operation, such as ovariotomy, is long, or the pulse fails. There was something additionally instructive in the fact that, after considerable experience of ether in midwifery (the favourite anæsthetic in America), the Academy gave an undivided preference to chloroform ; more especially in cases of rigid os uteri, what we have elsewhere termed exhausting labour with agonising pain, instances of eclampsia and undilating perinæum most particularly of all ; but in inversion, and exhausting labours in other patients, ether seemed slightly preferable. In one case of marked mitral regurgitation, the labour pains " absolutely powerless," it was thought that ether acted better than chloroform. Doubts were expressed as to the advisableness of anæsthetics after or during the bleeding of placenta prævia ; for an additional reason, probably correct, that where blood-vessels are emptied by such bleeding, absorption of the chloroform is very much increased. The chloroform then, as expressed by one speaker, " takes like a lightning flash "; so, at least, it occurred in some cases of convulsions with hæmorrhage, where chloroform was given immediately after venesection ; the woman stopped breathing as if dead, though ultimately recovering very well. One of the speakers had taken chloroform himself " thirty or forty times ; had given it to his nearest friends and relatives ; and at all ages, from a child of thirteen days up to the most advanced periods of life." He had given it in extensive heart disease, also with entire safety. He was rather inclined, however, to fear hæmorrhage and syncope than anything else. Of forceps cases, he cited sixty-nine, as only a small part of his practice, which succeeded unusually well with chloroform ; and in a proportionate experience of convulsion and version patients, he expressed a belief in chloroform as " the most precious agent " of modern practice. Another speaker referred in similar terms to eighteen cases of forceps operations and fourteen of version cases under chloroform, and he was " fully persuaded that no one should attempt them without having recourse to anæsthetics "; he did not approve of the latter, however, in craniotomy. He had not witnessed post-partum hæmorrhage ; and he believed labour, on the average, was shortened by a judicious exhibition of chloroform.—DR. KIDD'S Work ' On Chloroform.'

BEQUESTS.—Some seasonable bequests have been made to the following Medical charities under the will of the late Joseph Underwood, Esq., of Hyde-park gardens, who has. bequeathed 200*l.* to the Cumberland Infirmary, and 200*l* to the Norfolk and Norwich Hospital. Miss Maria Harman' of Calverly Lodge, Tunbridge Wells, lately deceased, has bequeathed 50*l.* to the Dispensary of that place, and nineteen guineas each to the Maidstone Ophthalmic Hospital, the Brompton Consumption Hospital, and the Eye Infirmary.

MEDICAL CORONER FOR THE LEOMINSTER DIVISION OF HEREFORDSHIRE.—The following circular has been issued to the members of the Herefordshire Medical Association : —" Dear Sir,—As a vacancy has occurred in the office of Coroner to the Leominster division of this county, I shall probably offer myself as a candidate. The very valuable services of Dr. Lankester and others who have so much advanced Medical science and statistics by their researches —whilst at the same time, the special duties of their office have been performed with acknowledged efficiency—have apparently excited general interest, and a considerable portion of the public seems convinced of the advantages accruing from the appointment of Medical coroners. If favoured with your support, it will be my earnest study to prove myself worthy of your confidence.—I am, dear Sir, yours faithfully, GEORGE KEMP, M.D. Cantab., Fellow of the Cambridge Philosophical Society. Hereford, December 12, 1864."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 28.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; Great Northern Hospital, Caledonian road, 2 p.m. ; University College Hospital, 2 p.m. ; London Hospital, 2 p.m.

THURSDAY, DEC. 29.—*Operations* at St. George's Hospital, 1 p.m. ; Central London Ophthalmic Hospital, 1 p.m. ; London Surgical Home, 2 p.m ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; Royal Institution, 3 p.m.—Prof. Frankland, "On the Chemistry of a Coal." (Juvenile Lectures.)

FRIDAY, DEC. 30.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 31.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m. ; Royal Institution, 8 p.m.—Prof. Frankland, "On the Chemistry of a Coal." (Juvenile Lectures.)

MONDAY, JAN. 2.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 3.—*Operations* at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

An Effectual and Simple Remedy for Scarlet Fever and Measles. By Charles Witt, M.R.C.P., &c. Fourth Edition. London : Trubner and Co., 60 Paternoster row.

Functions and Diseases of the Stomach. Part I.—Sea Sickness : its Nature and Treatment. By John Chapman, M.D., &c. London : Trubner and Co.

Varicose Veins : their Nature, Consequences, and Treatment, Palliative and Curative. By Henry T. Chapman, F.R.C.S. 2nd Edition. London : John Churchill and Sons, New Burlington street.

Acupressure,—a New Method of Arresting Surgical Hæmorrhage and of Accelerating the Healing of Wounds. By James Y. Simpson, M.D., &c. Edinburgh : A. and C. Black.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

ERRATUM.—In our last number, by a typographical mistake, the initials Ds. (or Dominus) prefixed to the names of the gentlemen who passed in the Natural Sciences Tripos at Cambridge were misprinted Dr. It is almost unnecessary to state that, by some accident, the misprint was not submitted to editorial supervision. The 'Lancet' of last week has made an exactly similar mistake in printing the list.

THE INDECENT ADVERTISING QUACKS AND THE PRESS.—We are happy to learn that many of the newspapers have resolved to decline, for the future, to open their advertising columns to the vile purposes of the advertising quacks. All respectable men should cease to allow the newspapers which still contain these indecent announcements to enter their houses.

MR. BALMANNO SQUIRE'S paper shall appear next week.

DR. STURKEY'S paper shall also appear next week.

WE have to apologise to many of our correspondents for the necessary postponement of their communications, owing to the length of our Index.

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